

SCDDSN Basic Fiscal Training

November 5th

Room 251 and Virtual

Time	Presenter	Title	Topic
9:00 to 9:20	Chris Clark	CFO	General Overview and Cost Reports
9:20 to 9:45	Kevin Yacobi	Director of Internal Audit	Internal Audit Process and Year-End Reporting Requirements
9:45 to 9:55	Andrew Tharin	Director of Engineering and Planning	Facility Maintenance/Capital Budgeting and Planning
9:55 to 10:35	LaKenya Craig Carol Mitchell	SURB Fiscal Analyst Director of Revenue	Monthly Invoicing/Reporting Processes and Waiver Credit Reports
10:35 to 10:45			Break
10:45 to 11:05	Michael Mickey Kareem Briggs	Chief Information Officer Chief Info. Security and Privacy Officer	Helpdesk, Portal, Therap, and Cyber Security
11:05 to 11:35	Candis Golston	Procurement Manager	Procurement Requirements
11:35 to 12:00	Debra Leopard Diane Welsch	Director of Contracts Director of Cost Analysis	Funding Bands, Room and Board, Contracts, DocuSign

Communication Improvements

- 1) SCDDSN Finance Team is expected to respond to emails or voice mails within 48 hours (2 business days). Response may be simply that your email was received and we will need to follow up. We will not always have a ready answer for your questions. Inquiries pending answers will be tracked to ensure you get an answer as soon as possible.
- 2) Shared mailboxes are established to make it easier to communicate with SCDDSN. Some of the benefits of the shared mailboxes include:
 - a. Improves communication when many-to-one or one-to-many conversations are needed. Relevant parties are included in conversations automatically.
 - b. Single point of contact for everyone outside DDSN so that you don't need to keep up with names, email addresses, and knowing who you need to contact.
 - c. Brings transparency and visibility to the communications since several people are included in all conversations.
 - d. Improves responsiveness and productivity. Many team members are aware of the conversation and can chime in. Emails are not having to be forwarded to various team members.
 - e. Conversations are easier to track.
 - f. Workload is balanced amongst team members.
 - g. Team members added at a later date have full history of conversations.
- 3) Shared mailboxes (more will be established) and their purpose:
 - a. contracts@ddsn.sc.gov – this email address is used to inquire about any contract or contract amendment. If you have a question about the status of an amendment, have a question about contents of an amendment, need a copy of a contract or amendment, etc.
 - b. financial.reports@ddsn.sc.gov – this email address will be used to submit quarterly financial reports when we get that process started. Also, year-end reports will be submitted to this email address.
 - c. financial.techsupport@ddsn.sc.gov – this email address will be used if you have a need for technical assistance. For example, if you have an accounting question, if you have a question about a directive, if you have a question about a procedure or practice, etc.
 - d. funding.request@ddsn.sc.gov – this email address will be used to submit outlier and band change requests.
- 4) Key contacts
 - a. Debbie Wilson debra.wilson@ddsn.sc.gov – Contracts and settlements
 - b. Kelley Anderson kanderson@ddsn.sc.gov – Finance Director
 - c. Debra Leopard dleopard@ddsn.sc.gov – Contracts and amendments
 - d. Diane Welsch diane.welsch@ddsn.sc.gov – Payment schedules, settlements, and recoupments
 - e. Andrew Tharin atharin@ddsn.sc.gov – State owned community operated facility repairs and maintenance
 - f. Candis Golston candis.golston@ddsn.sc.gov – Procurement
 - g. Vicki Wilkes vwilkes@ddsn.sc.gov – Community capital projects, property sales
 - h. LaKenya Craig lcraig@ddsn.sc.gov – SURB payment of assistive tech, mods, credit reports
- 5) Therap SCOMM available for encrypted communications
- 6) SPM – make sure you are signed up
- 7) Finance and Audit Resources page on SCDDSN website
- 8) Executive Memos repository on SCDDSN website
- 9) DocuSign for contract execution
- 10) YouTube Channel
- 11) Skype meeting offerings

DDSN Official Directives and Policies Listed by Reference Number

REFERENCE NUMBER	TITLE OF DOCUMENT
100-01-DD	Electronic Communications System
100-02-DD	Implementation Procedures for the Internal Communications System
100-04-DD	Use of Adaptive Behavior Scales
100-05-DD	Endorsement of Solicitation Proposals and Projects
100-06-DD	Contacts with Agency Heads of Other State Departments, Constitutional Offices and Certain State Government Executives
100-07-DD	Naming of Facilities, Building Dedications and Groundbreakings
100-08-DD	State Director's Absence from Office
100-09-DD	Critical Incident Reporting
100-10-DD	Consumer Elopement
100-11-DD	Absence with Leave of District Director or Facility Administrator from Duty Station
100-12-DD	AIDS Policy
100-17-DD	Family Involvement
100-21-DD	Adverse Operational Events
100-25-DD	Disaster Preparedness Plan for DDSN and Other DDSN Providers of Services to Persons with Disabilities and Special Needs
100-26-DD	Risk Management Program
100-27-DD	Dual Relationships
100-28-DD	Quality Management
100-29-DD	Medication Error/Event Reporting
100-30-DD	Eligibility Determination
101-02-DD	Preventing and Responding to Suicidal Behavior
101-03-DD	Procedures for Providing Genetic Services in DDSN Regional Facilities
103-01-DD	Federal Grant Application and Change Policy
104-01-DD	Certification and Licensure of DDSN Residential and Day Facilities
104-02-DD	ICF/IID Conversion Protocol
104-03-DD	DDSN Contract Compliance/Quality Assurance Reviews for Non-ICF/IID Programs
133-01-DD	Media and Publication Policies
133-02-DD	Freedom of Information (FOIA) Requests
167-01-DD	Appeal Procedure for Facilities Licensed or Certified by DDSN
167-06-DD	Confidentiality of Personal Information

200-01-DD	Personal Funds Maintained at Residential Level
200-02-DD	Financial Management of Personal Funds
200-03-DD	Accounts Receivable Collection Policy
200-04-DD	Voluntary Contributions and Donations
200-05-DD	Use of Consultants
200-08-DD	Travel Regulations
200-09-DD	Fees for Residential Services Provided by DDSN
200-12-DD	Management of Funds for Individuals Participating in Community Residential Programs
200-13-DD	Travel Regulations for Disabilities and Special Needs Boards and Contracted Service Providers
200-14-DD	Community Capital Funding Applications
250-05-DD	Cost Principles for Grants and Contracts with Community Providers
250-08-DD	Procurement Requirements for Local DSN Boards and Contracted Service Providers
250-09-DD	Calculation of Room and Board for Non-ICF/IID Programs
250-10-DD	Funding for Services
250-11-DD	Outlier Funding Request System – Capitated Funding System
250-12-DD	Competitive Funding for Special Service Contract: Statewide Consumer/Family Support Networks
275-01-DD	Missing Property Reporting
275-04-DD	Procedures for Implementation of DDSN Provider Audit Policy for DSN Boards
275-05-DD	General Duties of the Internal Audit Division
275-06-DD	Procedures for Implementation of DDSN Audit Policy for Contracted Service Providers
300-03-DD	Annual Certification of Electrical, Mechanical, Fire Alarm and Sprinkler Systems for Renewal of Licensure
300-04-DD	Maintenance of Physical Plant
300-05-DD	Maintenance Management Contract Requirements for Community Residential Homes
300-06-DD	Energy Management Systems Operations and Parameters
334-02-DD	Use of DDSN Regional Center Facilities by Outside Groups and Off-Duty Employees
334-03-DD	Vehicle Management Program
334-04-DD	Drug-Free Workplace and Alcohol and Drug Testing for Employees
335-01-DD	Diet Manual for DDSN

367-02-DD	Acquiring Information Technology (IT) Products and Services
367-08-DD	Central Office Telephone Call Coverage Backup Policy
367-09-DD	Acceptable use of Network Services and the Internet
367-11-DD	Telephone Policy
367-12-DD	Service Provider Data Protection
367-13-DD	Electronic Signature Policy
367-14-DD	Email Retention Policy
367-15-DD	Mobile Device Security Policy
367-16-DD	Removable Media Security Policy
367-17-DD	Human Resource and Security Awareness Policy
367-18-DD	Information Security Policy - Access Control
367-19-DD	Physical Access and Environmental Security Policy
367-20-DD	Portable Computing Devices
367-21-DD	Data Protection and Privacy Policy
367-22-DD	Information Security Policy - Asset Management
367-23-DD	Information Security Policy Information Systems - Acquisitions, Development, and Maintenance
367-24-DD	Information Security Policy - IT Compliance
367-25-DD	Information Security Policy - IT Risk Strategy
367-26-DD	Information Security Policy - Risk Management
367-27-DD	Information Security Policy - Threat and Vulnerability Management
367-28-DD	Information Security Policy - Business Continuity Management
367-29-DD	Information Security Program Master Policy
367-30-DD	Wireless Network Policy for Consumer and Guest Internet Access
368-01-DD	Individual Service Delivery Records Management
400-01-DD	State Service Award Program
400-07-DD	Temporary Positions and Temporary Employees
400-08-DD	Establishing and Filling Personnel Positions
400-21-DD	Educational Credentials
401-01-DD	Shift Differential Policy
402-01-DD	Employee Performance Management System Policy
403-01-DD	DDSN Employee of the Year
405-01-DD	Employee Grievance Procedure
406-03-DD	Reduction-In-Force Policy
406-04-DD	Criminal Record Checks and Reference Checks of Direct Caregivers
407-01-DD	Departmental Affirmative Action Plan for Equal Employment
413-01-DD	Standards of Disciplinary Action
413-02-DD	Off-Duty Conduct
413-03-DD	Code of Conduct
413-04-DD	Social Media Usage
413-05-DD	Work Hours Policy and Procedure
413-06-DD	Dress Code Policy
413-07-DD	Leave Transfer Pool

414-01-DD	Fair Labor Standards Act
418-01-DD	Teri and Retiree Employment
418-02-DD	Separation from Employment
502-01-DD	Admissions/Discharge of Individuals to/from DDSN Funded Community Residential Setting
502-04-DD	Short-Term Admission Services in a DDSN Regional Center or Community ICF/IID
502-05-DD	DDSN Waiting Lists
502-10-DD	Transition of Individuals from Regional Centers to Community
502-11-DD	Permission to Evaluate and Service Agreement
503-01-DD	Individuals Involved with Criminal Justice System
505-02-DD	Death or Impending Death of Persons Receiving Services from DDSN
508-01-DD	Competency to Stand Trial Evaluations
510-01-DD	Supervision of People Receiving Services
533-02-DD	Sexual Assault Prevention, and Incident Procedure Follow-Up
534-02-DD	Procedures for Preventing and Reporting Abuse, Neglect, or Exploitation of People Receiving Services from DDSN or a Contracted Provider Agency
534-03-DD	The Long Term Care Ombudsman Program
535-02-DD	Human Rights Committee
535-07-DD	Obtaining Consent for Minors and Adults
535-08-DD	Concerns of People Receiving Services: Reporting and Resolution
535-09-DD	Research Involving DDSN Resources and/or Persons Receiving Services from or Staff Employed by DDSN – Review and Approval
535-10-DD	National Voter Registration Act (Motor Voter)
535-11-DD	Appeal and Reconsideration Policy and Procedures
535-12-DD	Advance Directives
535-13-DD	Swallowing Disorders
535-14-DD	Authorization to Discuss Medical Condition and Medical Treatment Plan
535-15-DD	Obtaining Health Care Consent for Minors and Adults with Head And Spinal Cord Injuries (HASCI)
535-16-DD	Required Use of Surveillance Video Cameras in DDSN Regional Center ICFs/IID Settings
536-01-DD	Social-Sexual Development
567-01-DD	Employee Orientation, Pre-Service and Annual Training Requirements
567-04-DD	Preventing and Responding to Disruptive Behavior and Crisis Situations

600-04-DD	Individual Travel at DDSN Regional Centers
600-05-DD	Behavior Support, Psychotropic Medications and Prohibited Practices
600-10-DD	Individual Clothing and Personal Property-DDSN Regional Centers
600-11-DD	Physical Management
602-02-DD	Aquatics Program at DDSN Operated Facilities
603-01-DD	Tardive Dyskinesia Monitoring
603-02-DD	Employee Health Requirements
603-03-DD	Safety Precautions for Medical and Dental Treatment
603-05-DD	Policy for Management of Occupational Exposures of Health Care Personnel to Potential Blood Borne Pathogens
603-06-DD	Guidelines for Screening for Tuberculosis
603-07-DD	Do Not Resuscitate (DNR) Orders
603-08-DD	Vaccination Information
603-09-DD	Management of Individuals Exposed to Potential Blood Borne Pathogens
603-10-DD	Latex Protocol for DDSN Regional Centers
603-12-DD	Immunization Procedure for DDSN Regional Centers
603-13-DD	Medication Technician Certification
604-01-DD	Individual Clothing and Personal Property
604-04-DD	Standard First Aid with Cardiopulmonary Resuscitation (CPR) – Adult, Child, Infant
700-02-DD	Compliance with Title VI of the Civil Rights Act of 1964, American’s with Disabilities Act of 1990, Age Discrimination Act of 1975, Section 504 of the Rehabilitation Act of 1975 and Section 504 of the Rehabilitation Act of 1975 and Establishment of a Complaint Process
700-03-DD	Informed Choice in Living Preference for (ICF/IIDs)
700-05-DD	Pilot Services or Programs
700-06-DD	Stated Funded Case Management
700-07-DD	Employment First
734-01-DD	Individual and Family Support and Respite – State Funding
735-02-DD	Relatives/Family Members Serving As Paid Caregivers of Respite Services
736-01-DD	Relatives/Family Members Serving As Paid Caregivers of Medicaid Waiver Services
738-01-DD	Discharge Planning for those leaving ICF/IIDs and Enrolling in the ID/RD Waiver

DDSN COMMISSION POLICIES

800-01-CP	DDSN Ends Policy
800-02-CP	DDSN Governance Process Policy
800-03-CP	DDSN Executive Limitations Policy
800-04-CP	DDSN Commission Staff Linkage Delegation
800-05-CP	DDSN Public Invocation Act
800-06-CP	Video Recording of DDSN Commission Meetings

Medicaid Cost Reports and Cost Statements

1. Medicaid cost reports and cost statements are due to SCDDSN by September 30th each year. Extended this year until October 31st or November 30th if an additional extension was requested.
2. Extensions may be requested from the CFO. Must be on letterhead and sent to the CFO by September 15th.
3. One copy of the cost report and attachments/supporting schedules are to be sent to Cost Analysis.
4. Currently accepting only hard copies of cost reports.
5. Only DSN Boards have to submit cost reports and cost statements at this time.
6. The flip to fee for service funding may impact the future requirements for these reports.
7. Due date for audit reports is October 31st. Extended this year to November 30th.
8. Cost reports must be prepared using final audited figures and be based on full accrual accounting vs. modified accrual.
9. Any difference between audited costs reported on the cost reports and the final audited costs on the audit report must be disclosed in the audit report supplementary schedules. In other words, the “audited costs” reported on the cost reports, when we tie out to the audit report, do not agree with one another.
10. Like facilities and programs can be combined into one schedule – consolidate/combine CTH 2 for example, but we need a schedule to backup the consolidated numbers.
11. Cost reports are not required to be prepared by the auditor or a CPA firm.
12. Use the Provider Reimbursement Manual – Part 1 (HIM 15 “Health Insurance Manual”) found on the internet.
13. Not all costs reflected on the audit are allowable costs and must be adjusted out – for example
 - a. GASB 75 Other Post Employment Benefits cost – retiree health insurance unfunded liability (actual premiums paid are allowable and any liability funded is allowable)
 - b. GASB 68 SCRS unfunded net pension liability
 - c. Room and Board for non-ICF programs
 - d. Other costs – HIM 15
14. Depreciation must follow the AHA Estimated Useful Lives of Depreciable Hospital Assets – pdf download can be purchased for \$88 on the internet. It can be purchased in paperback for \$80.34 on Amazon. The guide is update periodically and you must follow the guide that is applicable for the year being reported.
15. Cost Reports to submit
 - a. IDR Waiver
 - b. CS Waiver
 - c. HASCI Waiver
 - d. Rehab Supports
 - e. ICF/ID
16. Cost statements to submit
 - a. Case Management
 - b. Early Intervention
17. Cost Report forms are on our Finance and Audit web page.
18. Cost Report training handouts are on our Finance and Audit web page.

Medicaid Cost Report Preparation

South Carolina Department of Disabilities
and Special Needs

By: W. Chris Clark, CPA, CGMA
Chief Financial Officer

FINANCIAL & STATISTICAL REPORT FOR NURSING HOMES

FACILITY:
FROM 07/01/19 THRU 06/30/20

1. FACILITY DATA

a. NAME: MMIS No:
FACILITY LOCATION (STREET ADDRESS):
MAILING ADDRESS (STREET OR P.O. BOX): P.O. BOX 17467
CITY: STATE: ZIP CODE: E.I. NO:
PHONE (AREA CODE):

b. MEDICARE CERTIFIED: N/A MEDICARE PROVIDER NUMBER: N/A

c. TYPE OF CONTROL
PROPRIETARY
___Individual ___Partnership ___Corporation ___Sub S Corp
NON - PROFIT
___Church Related ___Other _____
(Describe)
GOVERNMENT
___State ___County ___District ___City ___Other _____
(Describe)

d. TYPE OF FACILITY
NF-NURSING FACILITY ___Free Standing ___Hospital Based
HOME OFFICE _____

2. ADMINISTRATOR DATA
NAME: LICENSE NO:

3. ACCOUNTING FIRM DATA
ACCOUNTING FIRM:
ADDRESS: PHONE:
CONTACT PERSON:

4. CERTIFICATION BY OPERATOR OF FACILITY AND PREPARER OF COST REPORT
Under penalties of perjury, I declare that I have examined this cost report, including
any accompanying schedule and/or statement, and to the best of my knowledge and belief,
it is true, correct and complete. Declaration of the preparer (other than facility
owners/personnel) is based on all information of which preparer has knowledge.

Owner's Signature Preparer's Signature Date

Agenda and Other

- Agenda
 - 10:00 am to 11:00 am – introductions/presentation
 - 11:00 am to 11:10 am – break
 - 11:10 am to 12:00 pm – presentation (continued)
 - 12:00 pm to 12:30 pm – lunch break
 - 12:30 pm to 12:45 pm – breakout into groups
 - 12:45 pm to 1:50 pm – workshop/case study
 - 1:50 pm to 2:00 pm – break
 - 2:00 pm to 2:50 pm – workshop/case study
 - 2:50 pm to 3:00 pm – wrap up/closing comments

Agenda and Other

- Mask usage
- Bathrooms
- Internet access
- Cell phones on vibrate or off
- Feedback requested – survey to be sent
- Materials to be shared on our Finance page
- CPE Credit

Learning Objectives

- Understand Medicaid's financial impact and involvement in services offered by your Agency
- Understand the contract language and certification statements related to filing of Medicaid cost reports
- Understand how all of the cost reporting comes together at Central Office
- Gain an understanding of some high level concepts of Medicaid cost reporting regulations
- Increase awareness of some high level Medicaid cost allocation considerations
- Learn about some provider level Medicaid cost reporting considerations and concepts
- Understand room and board and Medicaid cost reporting considerations
- Learn about some general Medicaid cost reporting pointers



\$705,000,000

Whoa! That's a big number!

Medicaid Funded Services

- ▶ Intermediate Care Facilities (ICF)
- ▶ Community Residential Care Facilities (CRCF)
- ▶ Community Training Homes 1 & 2 (CTH)
- ▶ Supervised Living 1 & 2 (SLP)
- ▶ CLOUS/CIRS Program
- ▶ Adult Day Programs (ADP)
- ▶ Supported Employment/Job Coach
- ▶ Enhanced Waiver Services
- ▶ Service Coordination/Case Management
- ▶ Early Intervention (EI)
- ▶ Miscellaneous Others

Medicaid Contracts Requiring Cost Reporting

- ▶ Intermediate Care Facilities (ICF/ID)
- ▶ Intellectual Disabilities/Related Disabilities (ID/RD) Waiver
- ▶ Community Supports (CS) Waiver
- ▶ Head and Spinal Cord Injury (HASCI) Waiver
- ▶ Service Coordination/Case Management
- ▶ Early Intervention

Contract Language with SCDHHS

SCDDSN is required to submit an original and one copy of an annual cost report on a form or in a format approved by SCDHHS to include actual allowable, necessary and reasonable cost and service delivery information for each service. Cost reports are required to verify actual costs and document certified public expenditures. This report must be completed and mailed to SCDHHS **by November 30th** of the subsequent fiscal year. A separate cost report shall be filed for each service period. SCDDSN is responsible for all unallowable costs.

Certification Statement by DDSN CFO

I do solemnly swear (or affirm) that I have examined the information contained in this request or report. That all information has been prepared from the books and records of SCDDSN. That the aforesaid information is true and correct to the best of my knowledge and belief; and, that no other request for reimbursement from other federal and/or state funds has been made nor has any other reimbursement been received, applied for, nor will they be applied for, for the services herein described. That SCDDSN has on file the proper documentation to support this request for reimbursement. And, that the costs represented are true costs incurred during the period of this request.

Provider/Preparer Certification by DSN Board

Under penalties of perjury, I declare that I have examined this cost report, including any accompanying schedule and/or statement, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of the preparer (other than facility owners/ personnel) is based on all information of which preparer has knowledge.

Requirement to Maintain Support

SCDDSN shall only be reimbursed for Medicaid deliverables directly related to Medicaid eligible and potentially Medicaid eligible Beneficiaries under this Contract. SCDDSN shall maintain detailed documentation and be able to provide such documentation, upon request by SCDHHS or its designee, to justify the costs billed by SCDDSN.

SCDDSN has the right and obligation to ensure that amounts reported are properly documented.

Provider Cost
Reports and
Cost Statements

SCDDSN
Regional Center
Costs

SCDDSN Central
Office Costs

Direct Billed
Costs, GGC,
Other Costs

All Information is
Aggregated,
Validated, and
Consolidated



Final Cost Report
Application of Service Unit
Statistics – IDR, HASCI, CS,
Medicaid vs. State

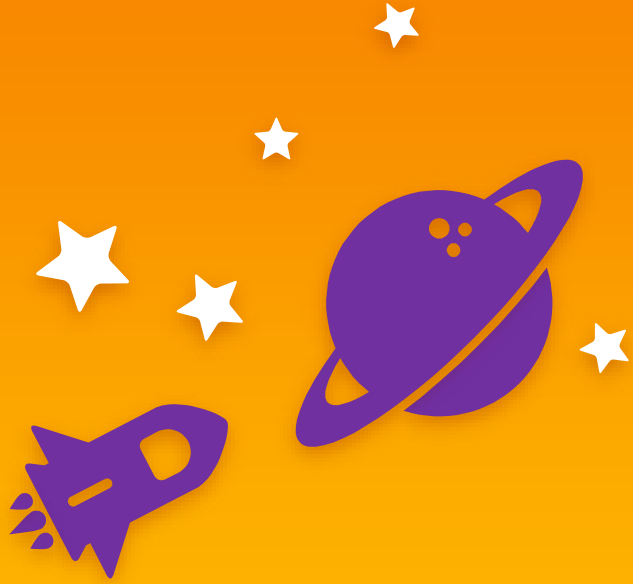


Foundation for Accurate Cost Reports

Transactional Awareness and
General Ledgers

Medicaid Cost Reporting Process





Payroll and Accounts Payable Transactions

Training of staff controlling coding of transactions is key. Awareness of the end game is necessary.

Start with the end in mind!

Building for Reliable Cost Reporting



1 Annual Financial Reports

Awareness of generally accepted accounting principles, Medicaid allowable costs, and DDSN specific nuances.

2 Monthly Reporting

Monthly financial statements issued. Closely reviewed with the end in mind. The end = GAAP compliant year-end financial statements and Medicaid compliant year-end cost reports.

3 Daily Transactions

Coding of invoices, payroll transactions, journal entries, and deposits. Ensure chart of accounts is structured with the end goal in mind. Persons coding transactions need training and/or oversight.



Let's Review Some Medicaid Concepts

Provider Reimbursement Manual Pt 1

- ▶ Depreciation – Ch 1
 - ▶ Maximum capitalization threshold = \$5,000
 - ▶ Useful lives – assets before 1/1/81 can use IRS lives; assets on or after 1/1/81 must use AHA guidelines
 - ▶ Useful lives are minimum years
 - ▶ Must use straight-line depreciation
 - ▶ Year of acquisition and disposal – half-year or actual time
 - ▶ Claim depreciation on DDSN grant funded assets
 - ▶ Cannot claim depreciation on assets funded by federal government – FEMA generators, DOT vehicles, etc
 - ▶ Should be considering salvage value in establishing depreciable basis
- ▶ Asset Disposals – Ch 1
 - ▶ Asset retired from active service but held for standby or emergency can still be depreciated
 - ▶ No Gain or Loss from sale or scrapping of asset is recognized §130
 - ▶ Special rules on replacements §132
 - ▶ Special rules on involuntary conversions – total vs partial §133
- ▶ Pension Expenses – Defined Benefit – Ch 21
 - ▶ Can only claim payments made to the plan on a cash basis §2142.6A.
 - ▶ Amounts payable at year end are not countable. Amounts not clearing the bank are not allowable.
 - ▶ Net Pension Expense is not allowable

Let's Review Some Medicaid Concepts

- ▶ Other Post-Employment Benefits (OPEB) – Ch 21 §2162.9
 - ▶ Expense limited to amounts actually paid.
 - ▶ Accruals permitted if paid within 75 days after the end of the year (Sept 13th for June 30 reporters).
 - ▶ Payments to OPEB Trust based on actuarial study are countable.
 - ▶ Excess funds paid to OPEB Trust are not countable.
- ▶ Interest Capitalization – Ch 2 §206
 - ▶ Interest costs incurred during the period of construction must be capitalized as part of the cost of the facility.
- ▶ Related Organizations – Ch 10 §1005
 - ▶ Costs incurred by related party treated as if incurred by the provider as to allowability
 - ▶ Cost to provider is limited to cost of related party
- ▶ Unallowable costs – Ch 21 §2105
 - ▶ Cost of meals for executives or management in excess of costs provided to ordinary employees
 - ▶ Gifts and donations
 - ▶ Entertainment expenses – tickets to events, alcoholic beverages, golf outings, entertainers, etc. Costs for employee morale are permitted if reasonable (picnic, Christmas party, Agency bowling team, etc)
 - ▶ Personal use of Agency vehicles 2 CFR § 200.431 f – even if reported as taxable income
 - ▶ Fines or penalties
 - ▶ TV, Cable, and Telephone in consumer rooms – ICF vs. Non-ICF
 - ▶ Interest Expense 2 CFR §200.449 – cost incurred for borrowed capital

Let's Review Some Medicaid Concepts

- ▶ Unallowable Costs (Cont)
 - ▶ Costs related to political activities
 - ▶ Lobbying activities
 - ▶ Organization dues related to political and lobbying activities §2193.3
 - ▶ MEC assessments under ACA
- ▶ Direct assignment of allocable costs must use “actual auditable usage”. Estimates including statistical surrogates (such as Sq Ft) are not acceptable. Time studies are not acceptable. Ch 23 §2307.A
- ▶ Indirect Cost Allocation – Ch 23
 - ▶ Must use the step-down method to allocate costs
 - ▶ Any changes to cost finding or order of allocations must be approved by SCDDSN §2313
- ▶ Ultimately total costs are distributed to payor source based on underlying participation – state funded, private pay, Medicaid, etc.
- ▶ Room and Board costs – including administrative costs – are not allowable for non-ICF placements.
- ▶ Non-Medicaid operating revenues must be used first.
- ▶ HUD projects are required to be consolidated into ICF cost reports.
- ▶ Supported Employment allowable costs do not include cost to transport consumers to and from work.

High Level Considerations

- ▶ Determine that cost of land and the portion of assets that are Federally financed or financed with grantee matching contributions have been eliminated from the computation.
- ▶ Depreciation methods other than the straight-line method should not be accepted unless the circumstances fully justify their usage (i.e., when it can be demonstrated that the assets are being consumed faster in the earlier years than in the latter years of their useful life).
- ▶ Unallowable costs must be included in the direct costs if they represent activities to which indirect costs are properly allocable, in accordance with the Cost Principles 2 CFR part 200.413(e).
- ▶ MTDC exclude "any extraordinary or distorting expenditures," usually capital expenditures, subawards, rent, contracts, assistance payments (e.g., to beneficiaries), and provider payments. The direct cost base selected should result in each award bearing a fair share of indirect costs in reasonable relation to the benefits received from those indirect costs.

High Level Considerations

- ▶ The term “Modified” refers to certain exclusions of costs that must be removed from the total direct costs before the indirect rate is applied to each funding source/program. Costs to exclude:
 - ▶ Equipment
 - ▶ Capital expenditures
 - ▶ Charges for patient care
 - ▶ Rental costs
 - ▶ Participant support costs
 - ▶ The portion of each subaward in excess of \$25,000
 - ▶ Other items should be excluded when necessary to avoid a serious inequity in the distribution of indirect costs and with the approval of the cognizant agency (SCDDSN) for indirect costs. Such costs are excluded when calculating the indirect costs allocated because the activities require minimal administrative support.

High Level Considerations

▶ Example:

An SEA (DSN Board) receives a \$1,000,000 award from a federal agency (SCDHHS through SCDDSN). The purpose of the award is to have specific school districts conduct seminars on a new federal program. The SEA awards \$100,000 to each of 10 school districts. Each of the school districts is responsible for payroll, issuing contracts and purchase orders, acquiring and paying for supplies, reimbursement for travel, and other similar administrative costs. The only efforts the SEA (DSN Board) spends on these awards are providing electronic payments and reviewing end-of-year financial reports. The \$1,000,000 award is a “pass-through” and therefore excluded. There is minimal benefit these funds received from the SEA. For each school district, the expenditures are part of the base for calculating the indirect cost rate.

Some Cost Allocation Considerations

- ▶ GAAP basis cost allocation will most likely not work for Medicaid cost reporting.
- ▶ Sufficient cost pools to get the job done. Should have:
 - ▶ Administration
 - ▶ Shared facility
 - ▶ Maintenance
 - ▶ Adult Day Program – ICFs
- ▶ Should consider having these pools – §2307.A:
 - ▶ Residential management
 - ▶ Transportation
 - ▶ Quality Assurance
 - ▶ Nursing
 - ▶ Food Service
- ▶ Do not allocate vehicle or driver costs to ICFs if they provide their own transportation to/from Day Program – in Adult Day or Transportation pool?

Some Cost Reporting Concepts

- ▶ Must offset allowable costs with any other sources of revenues before claiming Medicaid allowable costs
 - ▶ Consumer Fees – meal charges, transportation charges, etc.
 - ▶ DOT/Other operating grants
 - ~~▶ Gain from disposal of assets~~
 - ▶ HUD revenues – consolidated ICFs
 - ▶ In-kind revenues
 - ▶ Insurance proceeds
 - ▶ Interest income
 - ▶ Local funds (unless used to pay for specific participants)
 - ▶ SCDHHS Optional State Supplement – costs already claimed
 - ▶ SCRS 1% Credit – if SCRS expense grossed up
 - ▶ USDA Food Program Revenues – if operating a meal program
 - ▶ Work activity
 - ▶ Miscellaneous

Some Cost Reporting Concepts

- ▶ Sources of revenue that should not offset expenses
 - ▶ Consumer Fees – Room and Board, Care and Maintenance
 - ▶ DOT/Other capital grants
 - ▶ Gain from disposal of assets
 - ▶ Local funds if used to pay for participant (s)
 - ▶ SCDDSN settlements
 - ▶ SCDDSN/SCDHHS other operating revenues
 - ▶ SCDDSN state funding – will use stats to separate costs
 - ▶ Third-party Day Program revenues – Provider claiming expense

Some Cost Reporting Concepts

- ▶ Some expenses must be removed/eliminated via journal entry
 - ▶ Adjustment to indirect costs allocated
 - ▶ Book vs. Medicaid allowable depreciation
 - ▶ Cost settlements/compliance settlements
 - ▶ Depreciation on federally funded assets
 - ▶ HUD expenses to the extent of HUD revenues
 - ▶ Loss on disposal of assets over \$5,000 in demolition/abandoned
 - ▶ Room and board expenses
 - ▶ Third-party Day Program expenses – Provider claiming expense
 - ▶ Unallowable costs
 - ▶ Unfunded OPEB – claim cash outlay of retiree premiums paid
 - ▶ Unfunded SCRS pension liability

Room and Board Gone Wrong

- ▶ “SC Claimed Some Unallowable Room and Board Costs Under the Intellectual and Related Disabilities Waiver” – Office of Inspector General September 2012 reviewing 2007, 2008, and 2009 cost reports

“The State agency claimed Medicaid reimbursement of \$5,176,347 (\$3,726,112 federal share) for unallowable room and board costs under the Waiver program that the Department operated.”
- ▶ “SC Claimed Some Unallowable Room and Board Costs Under the Intellectual and Related Disabilities Waiver” – Office of Inspector General April 2015 reviewing 2010 cost reports

“The State agency claimed Medicaid reimbursement of \$1,293,893 (\$1,029,033 federal share) for unallowable room and board costs under the Waiver program that the Department operated.”

Some Room and Board Concepts

- ▶ Not all telephone costs are room and board – cell phones, pagers, fax lines, etc
- ▶ Internet access if consumers use/benefit
- ▶ Transportation costs are not room and board – depreciation, insurance, maintenance/repairs, etc
- ▶ Insurance costs for building and contents vs. tort, vehicle, fidelity, etc
- ▶ Room and board costs stuck in intermediate cost centers
- ▶ Room and board must be allocated admin costs
- ▶ Minor equipment not always room and board – computers, printers, office desks, time keeping devices, etc.
- ▶ Property taxes/fees related to home only
- ▶ Interest expenses on home financing only

General Pointers

- ▶ Cost Reports are due September 30th
- ▶ One printed copy must be sent to SCDDSN
- ▶ Must provide all attachments to support the cost reports
- ▶ Can consolidate similar programs on Waiver cost reports, but must supply a consolidation schedule to support amounts per financial statements
- ▶ ICF requires separate cost report for each licensed facility
- ▶ Do not need to provide participation statistics on cost reports
- ▶ Related entity consolidations are required except for HUD projects in Non-ICF programs – all considered room and board costs
- ▶ Room and board type expenses may be allowable for some Waiver residential programs – CTH 1, SLP 1, SLP 2, etc
- ▶ Statewide respite/in-home supports recoupments – report on Schedule S of each Waiver under proper line
- ▶ Statistics used for allocations – consider timing of changes during the year
- ▶ Depreciation – recommend assets be split out into grant and non-grant portions for tracking. Also, consider identification of federal grant vs. state grant. May want to use software to maintain two calculations like book vs. tax or federal vs. state.

Coronavirus Relief Funds

- ▶ Paycheck Protection Program (PPP)
 - ▶ Forgivable Loan Program
 - ▶ 24 week Period for Expenses
 - ▶ Accounting standards revenue recognition
 - ▶ Medicaid Cost Reporting conflicts
- ▶ Provider Relief Funds
 - ▶ 2% of Medicaid Revenues
 - ▶ Accounting standards revenue recognition
 - ▶ Medicaid Cost Reporting considerations
- ▶ Other sources – EIDL and EIDL Advance; Others

Resource Listing

- ▶ Provider Reimbursement Manual
- ▶ Cost Allocation Training Materials
- ▶ Electronic Code of Federal Regulations
 - ▶ Title 1 – General Provisions
 - ▶ Title 2 – Grants and Agreements
 - ▶ Title 2, Chapter III – Department of HHS
 - ▶ Title 42 – Public Health
 - ▶ Title 45 – Public Welfare

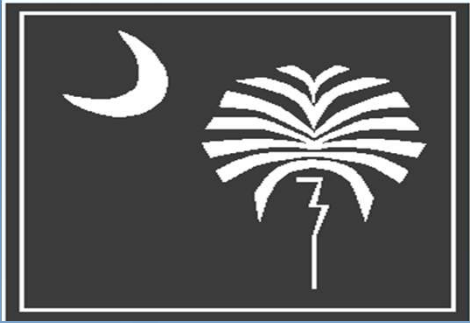
Thanks!

Any questions?

You can find me at:

chris.clark@ddsn.sc.gov





DDSN Internal Audit



Audit Overview and External Reviews



Presented by: Kevin Yacobi, Internal Audit Director
CIA, CGAP, CRMA, CBM, CFS

DDSN INTERNAL AUDIT

Phone number: (803) 898 - 9774

Toll free number: (888) 376 - 4636

Internal Audit Director – Kevin Yacobi
Staff



- **Eric Baker**
- **Kashori Davis**
- **Brian Nanney**
- **Angela Sharperson**
- **Tarrence Trapp**

Overview of Internal Audit



Scope of Internal Audit

Audits

- (Providers, both board and private); Central Office Operations, Regional Centers, Special Request, Follow-Up.

Coordination

- Works with other state agencies in reviews and investigations.

Technical Assistance

- Provided in a timely manner based on the nature of the request and a determination of the most appropriate resource for the assistance.

Training

- Available to providers as requested to ensure that preventive measures are maintained at a high level (personal funds and property, Medicaid fraud, Ethics, etc.). **Note: We also have a web based consumer funds training available on the DDSN website.**

External Audits

- Coordination of provider audit policies and quality assurance reviews of Report on Applying Agreed Procedures.



Audit Process

Preliminary Survey

Audit Program

Field Work

Making Recommendations and Suggestions & Promoting Corrective Actions

Documenting Results of Audit

Reporting on the Audit

Follow-Up

Specifying in writing which activities to review and which transactions to examine, How to allocate audit resources to the audit steps, What audit procedures to follow, Which standards to measure against

Carrying out the audit procedures called for in the program; Performing all of the tests, comparisons, and verifications spelled out in the program; Obtaining evidence for audit conclusions; Determining the validity of objectives, goals and standards; Obtaining concurrence of the facts

Preparing a record of what was done in the audit and of the evidence gathered; Demonstrating the scope of the examination

Presenting audit results both orally and in writing; Expressing audit conclusions; Communicating the audit purpose, scope, findings and recommendations; Acknowledging any corrective action taken. Also reports may be given to outside agencies.

Internal Audit performs follow-up to ascertain that appropriate action is taken on reported audit findings. (Possible sanctions for repeat findings)



Audit Policy



Contractual Requirements

Full Financial Audits

- Requires all Boards to file a full financial audit within **120 days** of close of fiscal year.
- Residential QPL's are now required to submit financials, as of FY2018.

Management Letter

- When audit reports are filed with DDSN, providers must also submit a letter on the Provider's letterhead stationary and signed by the Executive Director.
- Letter must include the type and extent of all attestation, consulting, bookkeeping, and/or other services performed under contract or agreement and
- The name of the CPA or organization that provides such services should be included.

“RoAAP” Requirement

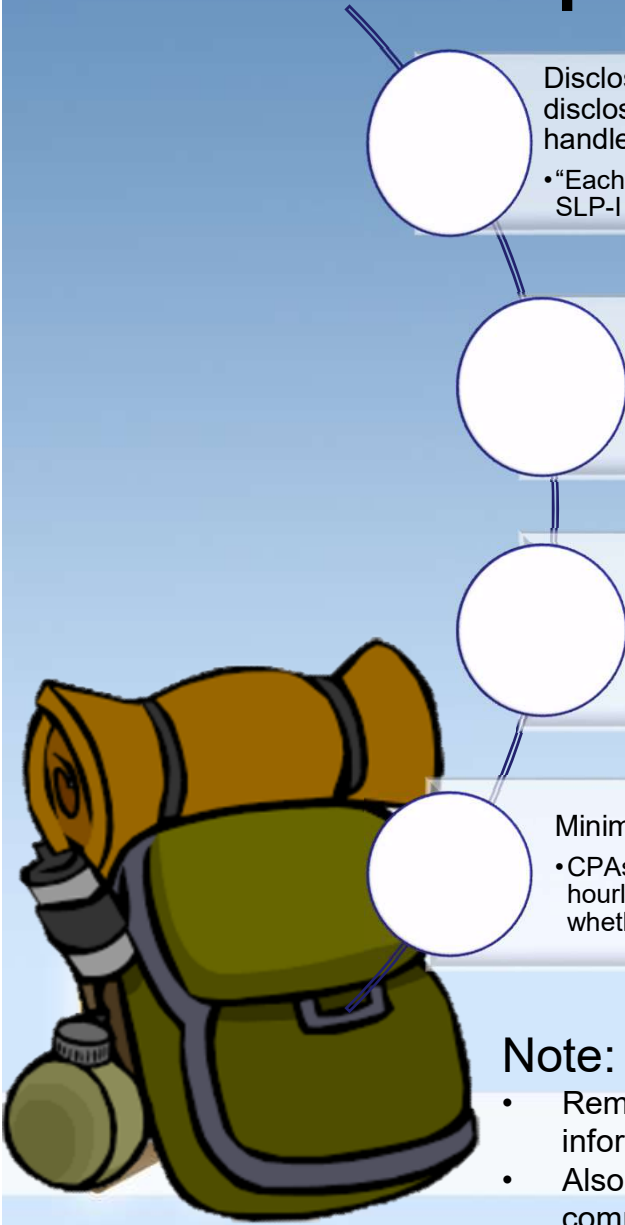
- All DSN Boards, entities grandfathered in as DSN Boards and Contracted Service Providers that receive \$250,000 or more in financial assistance from DDSN and perform any Medicaid billable services are required to submit a report on applying agreed upon procedures prepared by a CPA, within **90 days** of close of fiscal year.

General Information

- All providers should provide a copy of the appropriate audit policy and all attachments to their CPAs (DDSN Directives 275-04-DD or 275-06-DD).
- In addition, all providers are subject to a \$100/day contract reduction for each day a required report (RoAAP and/or Financial Audit and/or corrective action plan (CAP) is submitted past the due date. Total contract reduction is capped at \$2500 for each report and corrective action plan.



Report Requirements



Disclosure of information on the treatment of consumer funds – The audit policy requires CPAs to disclose, in detail, information in the Report on Applying Agreed Upon Procedures on how Providers handle consumers' personal funds.

- "Each Program" means providing detail information at the provider home level: ICF/ID, CRCF, CTH-I, CTH-II, SLP-I and SLP-II.

Corrective Action Plans – Omissions

- CAPs should include: 1) dates of implementation; 2) if training is involved, there should be detail concerning the duration and scope; 3) copies of documentation of remedial actions (i.e. service error correction forms)

Sample Sizes

- CPA's are required to state the size of the samples taken from the population examined.

Minimum Salary Information and Room and Board Policy:

- CPAs are required to report on whether Providers have established and implemented minimum salary and hourly wage standards in accordance with the DDSN contract. Additionally, CPAs are required to report on whether Room and Board policies have been reviewed and approved by DDSN and test for compliance.

Note:

- Remember, as a Provider, your contract is with the CPA. Ensure that they have the information and items needed to complete their end of the contract.
- Also, the State Board of Accountancy may review the provider reports DDSN receive for compliance with professional standards.

Updates to Reporting Process & Other Amendments

External Audit Reporting.

- Electronic and hard copy of Financial Reports to DDSN Finance
- No hardcopy report to district(s).
- Internal Audit will accept electronically filed RoAAPs @ Audit@ddsn.sc.gov

Quarterly Financial Reporting (DDSN Fiscal).

- 30 days after quarter closes.

Reporting Direct Billed and Medicare Part D.

Reporting Respite and Self Directed Care.

Reporting of OPEB.

Some Important Reminders



**Internal Audit
is a vital
resource for
providers.**

**Onsite training
is available
from IA upon
request.**

**IA training
does count
towards Board
Members
training.**

**Other useful
training for
Board
Members and
Providers**

- Governance
- Conflicts of Interest
- Ethics

**We are always
open and
available to
assist
providers as
requested and
as time
permits.**

Some Useful Tips

- ☐ **Program team involvement. (approval of trips, large purchases)**
- ☐ **If there is a question about a receipt or expenditure, do not accept a verbal explanation unless it is collaborated by at least one other staff member.**
- ☐ **Monitoring of receipts and expenditures by an independent person.**
- ☐ **Make unannounced visits - program and/or finance office?**
- ☐ **Do surprise cash counts - program and/or finance office?**
- ☐ **Call Internal Audit if there are any questions/doubts about what is acceptable.**

Ten Ways Providers Can Prevent/Detect Fraud

- 1. Have a written code of ethics.**
- 2. Set a good example.**
- 3. Have reasonable expectations.**
- 4. Treat employees well.**
- 5. Restrict bank account access.**
- 6. Perform regular bank account reconciliations.**
- 7. Adequately secure inventories and supplies.**
- 8. Adequately prescreen employee applicants.**
- 9. Give employees a way to report fraud.**
- 10. Have Internal Audit examine the books (Provider and Consumers).**



What Questions Do You Have?

Budgeting and Planning for Facility Management

“An Appropriate budget allocation for the routine M&R (maintenance and repair) for a substantial inventory of facilities will typically be in the range of two to four percent of aggregated current replacement value of those facilities (excluding land and major associated infrastructure). In the absence of specific information up which to base the M&R budget this funding level should be used as an absolute minimum value. Where Neglect of Maintenance has caused a backlog of needed repairs to accumulate, spending much exceed this minimum level until the backlog has been eliminated.” – The Building Research Board’s Committee on Advanced Maintenance Concepts for Buildings, 1990

Large Expenditure Items

These are costly items that commonly need maintenance and repair. These items can drastically affect life/safety conditions within a facility. They could also affect the licensing or ability to occupy a facility.

- Building Envelop – Roofs, cladding, water proofing, windows, doors, etc.
- HVAC Equipment – All heating, cooling, and ventilation equipment
- Fire Protection – Fire alarms and fire sprinkler systems.

Preventive Maintenance and Inspections for Large Expenditure Items

- **Roofs**
 - Commercial Roofs – Should be inspected 2x/year, Fall and Spring.
 - Residential/Shingle – Should be inspected every three years. Clean gutter annually
- **HVAC**
 - Standard Heat Pumps – Should be inspected and serviced by a professional technician at least once a year.
 - Filters should be visually inspected monthly, and changed if necessary.
 - Commercial Boilers and Chillers – These should be serviced and inspected annually.
- **Fire Protection**
 - Fire Alarm Systems – Should be inspected by a licensed contractor annually.
 - Sprinkler Systems – Should be inspected by a licensed contractor annually.

Generators

Many residential facilities and day programs around the state have emergency generators. The annual cost and maintenance of these generators need to be accounted for when budgeting for care and maintenance.

- Generators need to be serviced by a licensed technician annually.
- Generators need to be load bank tested by a licensed technician every three years.

Professional Design Services

- State laws and Regulations sometimes require Architects and Engineers to be involved in the construction and renovation of some facilities. It is typically best to always check with the AHJ (Authority Having Jurisdiction) to verify whether or not professional services are needed.
- DHEC regulations will always require an Architect or Engineer for the construction, addition, or alteration of an ICR of CRCF.
- Architects and Engineers are not typically required for CTHII's.

DDSN's Department of Engineering and Planning

- Please contact DDSN's Engineering Department with any questions regarding facility repair and maintenance.
- Engineering Department Contacts:
 - Andrew Tharin – Director – 898-9423
 - Seth Leslie – Engineer – 898-9712
 - Shirley Wilson – Program Coordinator 898-9801
 - Greg Adams – Energy Manager – 898-9422

FY 21 Invoices on R2D2

Early Intervention (EI)	<ul style="list-style-type: none"> R2D2 → DDSN Reports → Logs → Service Notes → (Service Notes) Invoice for Early Intervention. <div data-bbox="500 373 1425 613" style="border: 1px solid #ccc; padding: 10px; margin: 10px 0;"> <p>Parameters</p> <p>Cycle Month: <input type="text" value="07"/></p> <p>Cycle Year: <input type="text" value="2020"/></p> <p>Show Details (Required) <input type="text" value="NO"/></p> <p>Caseload: <input type="text"/></p> <p>Provider: <input type="text"/></p> </div> <ul style="list-style-type: none"> In the Parameters please select “<u>NO</u>” for the Show Details when submitting to Finance monthly. The last page should be signed by an approved designee. If adjustments are made to the totals you can submit the detailed pages if you want to show where the adjustments were made. \$23.74 Rate effective 1/1/2020 (Telehealth service effective 3/30/2020).
State Funded Case Management (SFCM)	<ul style="list-style-type: none"> R2D2 → DDSN Reports → Logs → Service Notes → (Service Notes) Invoice for SFCM. In the Parameters please select “<u>NO</u>” for the Show Details when submitting to Finance monthly (see screenshot example above). The last page should be signed by an approved designee. If adjustments are made to the totals you can submit the detailed pages if you want to show where the adjustments were made. \$15.00 Rate (Office). \$20.00 Rate (Home).
Medicaid Targeted Case Management (MTCM)	<ul style="list-style-type: none"> R2D2 → DDSN Reports → Logs → Service Notes → (Service Notes) Invoice for MTCM. In the Parameters please select “<u>NO</u>” for the Show Details when submitting to Finance monthly (see screenshot example above). The last page should be signed by an approved designee. If adjustments are made to the totals you can submit the detailed pages if you want to show where the adjustments were made. \$15.00 Rate (Office). \$20.00 Rate (Home).

FY 21 Invoices on R2D2

Waiver Case Management (WCM)	<ul style="list-style-type: none"> • R2D2 → DDSN Reports → Logs → Service Notes → (Service Notes) Invoice for Waiver Case Management. • In the Parameters please select <u>“NO”</u> for the Show Details when submitting to Finance monthly (see screenshot example above). The last page should be signed by an approved designee. • If adjustments are made to the totals you can submit the detailed pages if you want to show where the adjustments were made. • \$15.63 Rate effective 1/1/2020 (No Travel). \$25.42 Rate effective 1/1/2020 (Travel). 										
State Funded Community Supports (SFCS)	<ul style="list-style-type: none"> • R2D2 → DDSN Reports → Logs → DSAL and RESLOG → DSAL → DSAL Service Totals Invoice for State Funded Consumers. <div data-bbox="524 709 1425 900" data-label="Form"> <p>Parameters</p> <table> <tr> <td>Cycle Month (mm):</td> <td>07</td> </tr> <tr> <td>Cycle Year (yyyy):</td> <td>2020</td> </tr> <tr> <td>Show Details (Required)</td> <td>YES</td> </tr> <tr> <td>Type</td> <td>State Funded Comm Sup</td> </tr> <tr> <td>Provider Number:</td> <td></td> </tr> </table> </div> <ul style="list-style-type: none"> • In the Parameters the Type will be <u>State Funded Comm Sup</u>. • In the Parameters please select <u>“YES”</u> for the Show Details when submitting to Finance monthly. The last page should be signed by an approved designee. • \$17.90 Rate for Employment Services. \$27.50 Rate for Day Supports. • All other services covered should be <u>manually invoiced monthly</u>. Please include any supporting documentation along with your invoice. 	Cycle Month (mm):	07	Cycle Year (yyyy):	2020	Show Details (Required)	YES	Type	State Funded Comm Sup	Provider Number:	
Cycle Month (mm):	07										
Cycle Year (yyyy):	2020										
Show Details (Required)	YES										
Type	State Funded Comm Sup										
Provider Number:											
State Funded Follow Along (SFFA)	<ul style="list-style-type: none"> • R2D2 → DDSN Reports → Logs → DSAL and RESLOG → DSAL → DSAL Service Totals Invoice for State Funded Consumers. <div data-bbox="524 1419 1425 1610" data-label="Form"> <p>Parameters</p> <table> <tr> <td>Cycle Month (mm):</td> <td>07</td> </tr> <tr> <td>Cycle Year (yyyy):</td> <td>2020</td> </tr> <tr> <td>Show Details (Required)</td> <td>YES</td> </tr> <tr> <td>Type</td> <td>State Funded Follow Along</td> </tr> <tr> <td>Provider Number:</td> <td></td> </tr> </table> </div> <ul style="list-style-type: none"> • In the Parameters the Type will be <u>State Funded Follow Along</u>. • In the Parameters please select <u>“YES”</u> for the Show Details when submitting to Finance monthly. The last page should be signed by an approved designee. • \$17.90 Rate for Employment Services. \$27.50 Rate for Day Supports. 	Cycle Month (mm):	07	Cycle Year (yyyy):	2020	Show Details (Required)	YES	Type	State Funded Follow Along	Provider Number:	
Cycle Month (mm):	07										
Cycle Year (yyyy):	2020										
Show Details (Required)	YES										
Type	State Funded Follow Along										
Provider Number:											

INVOICES AVAILABLE ON R2D2[illegible]

Uploading to RBC (Reporting & Billing Center)

1. Log into the DDSN Application Portal; https://app.ddsn.sc.gov/ddsnportal/ddsn_login.jsp
2. Type in your login and password then press enter.
3. Click on “RBC” under the DDSN Web Application Listing. (If you do not see it listed please contact the DDSN Helpdesk to ask them to add this function to your login access).

❖ DDSN Helpdesk by phone at 803-898-9767 or by email at Helpdesk@ddsn.sc.gov.

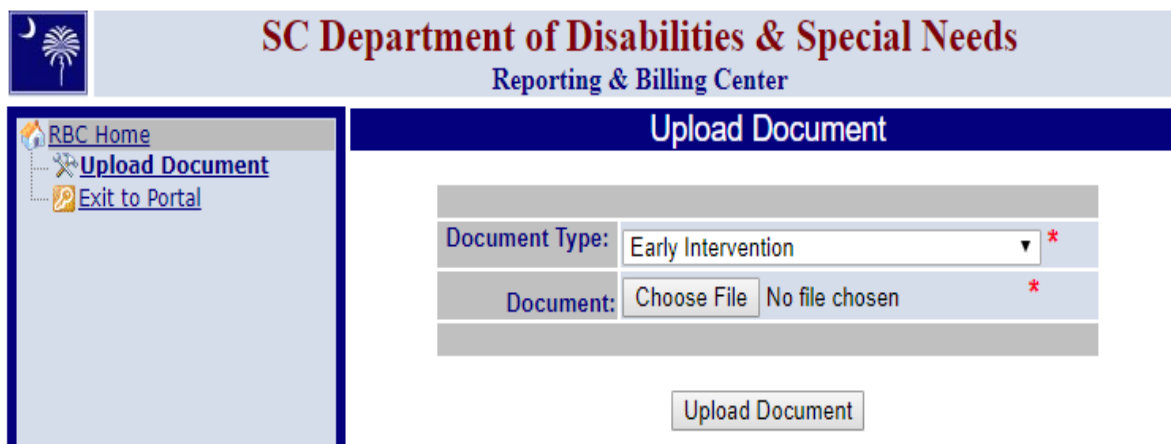
DDSN Web Application Listing	
CDSS	The Consumer Data Support System allows users to maintain Screening, Intake, and Eligibility information for DDSN consumers.
DSAL / RESLOG	Allows reporting of service information for their consumers in Day Supports and Residential Services.
ADT	Allows users to request admissions, discharges, and transfers from DDSN residential settings.
RBC	Various billing-related functionalities.
IMS	Incident Management System
JEDI	The Java Enterprise Directory Interface allows users to update their basic information (phone, address, etc.) and change passwords. This application is also used to control access to all secured DDSN web applications.
Genetics Billing	Application for all genetics-related billing.
R2D2	Actuate Reporting Application
SPM	Service Provider Management
SCB	The Service Notes Billing application provides access to billing management functionality for automated billing through the service notes module of CDSS.
QE	Quality Enhancement
DDSN Legacy Applications	
Mainframe (Rumba)	Click here to access the following applications: STS, PSS, WVR, SECURITY, and GTS
External DDSN Resources	
Business Tools	The Business Tools site provides access to DDSN training tools and various forms.
Log Off	

Uploading to RBC (Reporting & Billing Center)

- Click "Upload Document"



- In the drop down box for "Document Type" select the category for the invoice that you are uploading.



- Click "Choose File". Go to the location on your computer and find the file that you have scanned or created to upload. Select it.
- Click "Upload Document"
- After uploading you should see a confirmation page stating that your document was successfully uploaded.
- Print the confirmation page and attach it to your backup detail showing that the information has been sent.

Section 10.1: Residential Services Reporting and Billing Procedures for RESLOG

Providers of Residential Habilitation services for DDSN are required to keep daily census information for each consumer served in their programs. Providers must report that census information through an automated reporting system called the Residential Logs Application or “RESLOG”. RESLOG is located on the DDSN application portal. In order to access RESLOG, users must have a valid portal ID and password. Central Office Information Technology (IT) Division assigns user IDs for the DDSN application portal. To obtain access, contact the IT Helpdesk at 803-898-9767 or Helpdesk@ddsn.sc.gov.

1. Residential Service Definitions and Service Codes

A. Residential Habilitation Facilities (R02-R05)

Residential Habilitation Facilities are defined as non-institutional residential settings in which consumers receive care, skills training and supervision according to their needs. The DDSN sponsored facilities are licensed either by DDSN or DHEC. They include Community Training Homes I and II (CTHs I/II), Supervised Living Programs II (SLPs II) or Community Residential Care Facilities (CRCFs).

- SLP II (R02) – Typically an apartment setting in the community for consumers who need intermittent supervision and supports. They can perform most daily living activities independently and only need periodic advice, support and supervision. Trained staff are available either on-site or very nearby 24 hours a day.
- CRCF (R03) – A home-like environment in the community where consumers may receive supervision and a degree of personal care, according to identified needs, delivered by qualified, trained caregivers.
- CTH I (R04) – A home environment in the community for a maximum of 2 people where personalized care, supervision and individualized training are provided according to the person’s plan in the support provider’s home. Consumers are considered one of the family.
- CTH II (R05) – A home-like environment in the community that is either rented or owned by a provider which can provide a home-like environment for a maximum of 4 consumers while under the supervision of qualified and trained staff.

B. Intermediate Care Facilities (R06 & R07)

Intermediate Care Facilities are state-licensed residential facilities that offer active treatment, health or other related services directed toward helping consumers function with as much self-determination and independence as possible.

- ICF/IID (R06) – ICFs offer a community living option to consumers who need maximum support for high levels of need. Twenty-four-hour care, supervision, training, recreation and other activities are provided in a structured environment.
- Regional Centers (R07) – Regional Centers provide 24-hour care, supervision and treatment for the most fragile consumers with the greatest need for support.

For more detailed information on Residential Habilitation definitions and services, please refer to the Residential Habilitation Standards at www.ddsn.sc.gov under the Service Provider link.

2. Instructions for On-Line Reporting

RESLOG instructional videos are available on the application portal under DDSN > Business Tools > Videos > Application Training > ResLog. These videos are helpful for learning tasks such as how to create, unlock, or reject a system log and how to add a consumer's name to a log.

A. Production of Residential Logs (Roll Books)

Residential logs are created in RESLOG on the first calendar day of each month based on where Service Tracking System (STS) shows a consumer as receiving residential services. Consumer names, identifying information and service provider location are drawn from STS to generate the logs. If a log displays incorrect information, STS needs to be updated. Until STS is updated, a log will continue to generate with incorrect information. Contact should be made with the consumer's Case Manager. It is the Case Manager's responsibility to ensure that STS is updated when a consumer's service activity changes.

B. Reporting Attendance

Attendance for every consumer in a Residential Habilitation Facility should be recorded throughout the month. Attendance must be 100% recorded for each facility in order to properly document the costs of residential service. The daily census information entered should always reflect a consumer's location as of 11:59 P.M. each night.

For new Residential Habilitation Facilities, a system log can be created in RESLOG as long as there is at least one consumer shown on STS as residing in that facility. If a new facility log does not appear on your list, click on "create log" to see a list of facilities for which a log has not been created in the current month. If the facility name is not found on this list, a blank log may be used to enter your census information. Blank logs are available on the DDSN application portal. An example of a Residential Census Log for New Residential Facilities is shown on page 10.1 p.6 of this section.

To add a consumer's name to a system log in RESLOG, click on "Add Consumer" at the bottom of the summary screen. Eligible consumer names (based on STS) will appear. If the consumer's name does not appear, contact the consumer's Case Manager to ensure that STS is current.

(1) Residential Habilitation Facilities (R02-R05)

Following are status codes used for reporting attendance in RESLOG under the category of Residential Habilitation Facilities (R02 – R05):

Residential Habilitation Facilities Status Codes (R02 – R05 ONLY)
P – Present
L – On Leave
R – Respite (Hourly)*
S – On a DDSN Sponsored Activity**
D – Discharged

RESPITE (R02 – R05) *

There can never be Respite between like facilities. For reporting and billing purposes, the Respite (R) status code should never be used when a consumer moves from one Residential Habilitation Facility (R02-R05) to another within the provider’s organization. Respite (R) codes are used when a consumer, who does not receive Residential Habilitation, enters an R02-R05 facility. Recording of the (R) code is for attendance purposes only.

The only form of Respite that can be provided is Hourly Respite (STS code S46), and the Individual Service Report (ISR) must reflect the number of hours and the date Hourly Respite was provided. All Respite (R) services are reported on paper logs, known as Individual Service Reports (ISRs).

SPONSORED ACTIVITY (R02 – R05) **

The (S) code is used for a consumer who is not present at 11:59 P.M. due to reasonable circumstances, such as he or she is working or away from the facility on an overnight trip.

The (S) code may be used because a consumer from one Residential Habilitation Facility (R02-R05) has temporarily moved to another Residential Habilitation Facility **within** the provider’s organization. The (S) code may be used for reporting purposes at the sending facility for up to 7 days. The receiving facility should report nothing as long as both locations are operated by the same provider. If a consumer continues to stay at the receiving facility from the 8th day on, however, an Admission/Discharge/Transfer process must be completed, as well as updating STS.

The examples cited above are not all inclusive. There may be other circumstances that support the use of the (S) code but unless a consumer is at work, in every case a provider employee must be present with the consumer in order to use the (S) code. Regardless if a situation is one-to-one or one-to-many, no consumer receiving Residential Habilitation should be left alone without proper supervision per DDSN Departmental Directive 510-01-DD: Supervision of People Receiving Services.

(2) Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)
(R06 & R07)

Following are status codes used for reporting attendance in RESLOG under the category of Intermediate Care Facilities (R06 & R07):

ICF/IID Facilities Status Codes (R06 and R07 ONLY)	
P – Present	H – In Hospital (Outside)
L – On Leave	R – Respite *
T – Therapeutic Leave	D – Discharged
S – On DDSN Sponsored Activity	X – Consumer has Passed Away
A – Absent	Z – Hospice **

RESPITE (R06 & R07) *

There can never be Respite between like facilities. For ICF Facilities (R06 & R07), the only form of Respite for reporting and billing purposes is Institutional Respite (STS Code S13). All Respite (R) services are reported on paper logs, known as Individual Service Reports (ISRs). In order to use the (R) code for a consumer, first make sure that the Case Manager has entered an S13 code on STS along with a corresponding location code (R06/R07) where the service will be delivered. The (R) code cannot be used until STS has been updated with this information. If a consumer comes from a Residential Habilitation facility (R02-R05), the ICF/IID (R06/R07) should add his or her name to a log recording an (R) value, while the Residential Habilitation facility (R02-R05) records a value of (L) for “Leave” on their log for the consumer.

HOSPICE (R06 & R07) **

If a consumer begins receiving Hospice (Z) services, DDSN must begin billing the Hospice provider for room and board. The Hospice provider becomes the supplier of any services the consumer may need, except for room and board. The consumer continues to reside in their current Residential Habilitation facility (R06/R07) while receiving Hospice services.

DDSN needs certain billing information to be able to bill the Hospice provider. To obtain this information, regions/providers must complete a Hospice Services Information Sheet and mail it to your District Office. When the District Office has reviewed and signed the form, Districts are to forward the Hospice Information Sheet to **DDSN, Attn: SURB, PO Box 4706, Columbia, SC 29240.** If needed, a blank form is available on the DDSN application portal under Business Tools/Forms. An example is shown on page 10.1 p.7 of this section.

C. Submission of Residential Logs (Roll Books)

System logs must be both “**Submitted**” and “**Approved**” on RESLOG **by the 5th business day of the following month**. A “Submitter” is defined as the employee who enters attendance data during the month. The Submitter provides the Approver with the completed logs for final approval and closure.

Census information must be recorded on an ongoing basis throughout the month. At the end of the month, after all census information has been recorded, each system log must be “Submitted” for approval. Corrections may continue to be made to a log after it has been submitted all the way up until it has been “Approved.” After a system log has been approved, no changes may be made to it.

DDSN’s Residential Habilitation service providers on the Qualified Provider List (QPL) must submit an invoice to DDSN each month in order to receive reimbursement for services rendered. Invoices must include the following information: (1) consumer name(s), (2) the days served, and (3) the rates approved in the provider’s contract. All Leave days (up to the maximum allowed under the contract) are reimbursed at the base rate without outliers. Vacant days, up to a maximum of 30, are reimbursed based on the funding available for the bed at the base rate without outliers. All invoices should be mailed by the subsequent month of service delivery to **DDSN Finance Division, Attn: SURB, PO Box 4706, Columbia, SC 29240**.

For providers who prefer to upload billing documents electronically, please contact SURB to obtain access to the Reporting and Billing Center (RBC). RBC is a secure system on DDSN’s application portal for uploading confidential billing documents that go to the SURB area. **If you choose to upload documents through RBC, please do not mail the originals.**

D. On-Line History

Approved system logs are maintained on-line for inquiry purposes for eighteen (18) months. These logs may be reviewed, but information may not be changed.

3. Confidentiality of On-Line Reporting Documents

Title II of HIPAA, known as the Administrative Simplification (AS) provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA; Pub.L. 104–191), required the establishment of national standards for electronic health care transactions and national identifiers for providers, health insurance plans and employers. All DDSN providers are required to comply with all applicable standards, orders and regulations pursuant to HIPAA concerning the confidentiality of information shown on all reporting documents.

**South Carolina Department of Disabilities and Special Needs
Residential Census Log
FOR NEW RESIDENTIAL FACILITIES**

Regional Center:

Provider:

Facility Name:

Month:

Individual's Name	Soc Sec # (Last 4 only)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total

Notes:

Complete this log for all new individuals entering the above named facility. Enter the name and social security number for each individual.
Make sure that all the above named individuals are added to the STS system. This is imperative to insure future generated logs.

Preparer's Signature: _____

Authorized Designated Signature: _____

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

Adult Half Day Roll Book for

(Month / Year)

Service: _____

Provider: _____

Location: _____

1 Present 0 Absent

	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Units					
Name: _____																																	SS# XXX-XX- _____				
AM																																					
PM																																					
Consumer Total																																					

	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Units					
Name: _____																																	SS# XXX-XX- _____				
AM																																					
PM																																					
Consumer Total																																					

Supervisor Signature: _____ Date: _____

Please mail completed form mail to: SCDDSN, Finance Division, PO Box 4706, Columbia, SC 29240, **ATTN: SURB Division**

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

ADULT HOURLY ROLL BOOK FOR: _____

INDIVIDUAL SERVICE REPORT

SERVICE: ADULT EMPLOYMENT SERVICES - INDIVIDUAL

PROVIDER: _____

LOCATION: _____

INDIVIDUAL: _____

SOCIAL SECURITY #: _____

EACH SERVICE REPORTED MUST BE DOCUMENTED IN INDIVIDUAL'S FILE

[illegible]

I CERTIFY THAT SERVICES AS REPORTED PER INDIVIDUAL SERVICE REPORT HAVE BEEN RENDERED AND ARE PROPERLY DOCUMENTED IN THE INDIVIDUAL'S FILE.

Signature

Section 10.2: Day Services Reporting and Billing Procedures for DSAL

Providers of day services for DDSN are required to report those services through an automated system called the Day Supports Attendance Logs Reporting System or “DSAL”. DSAL is accessed through the DDSN application portal. In order to access DSAL, users must have a valid portal ID and password. Central Office Information Technology (IT) Division assigns user IDs for the application portal. Contact the IT Helpdesk at 803-898-9767 or email Helpdesk@ddsn.sc.gov to request security authorization.

1. Adult Day Services Definitions and Service Codes

- A. Career Preparation (S97): Preparing consumers for careers through exposure to and experience with various careers. Compliance, attendance, task completion, problem-solving, safety, self-determination and self-advocacy are taught to produce general results as opposed to learning specific tasks.
- B. Community Services (S86 & S98): Developing one’s awareness of, interaction with, and participation in the community through exposure and experience. Concepts such as self-determination, self-advocacy, and socialization are taught. Community Services are provided in facilities licensed by the state. On-site attendance at a licensed facility is not required to receive services that originate from that facility. There are 2 service codes associated with this service:
 - Community Services/Individual (S86): services are provided on a one-to-one basis. This service is provided under the Community Supports Waiver only.
 - Community Services/Group (S98): services are provided in a group setting. This service is provided under the Community Supports, ID/RD and HASCI Waivers.
- C. Day Activity Services (S96): Providing supports and services in therapeutic settings to enable consumers to achieve, maintain, improve or decelerate the loss of personal care, social or adaptive skills. Services are provided in non-residential settings that are licensed by the state. On-site attendance at the licensed facility is not required to receive services that originate from the facility.
- D. Support Center Service (S09): Providing non-medical care, supervision and assistance in a non-institutional group setting outside of a consumer’s home. This service is for consumers who, because of the level of his or her disability, are unable to care for themselves. Services provided are necessary to prevent institutionalization and to maintain a consumer’s health and safety. Care, supervision and assistance are provided in accordance with an individualized plan of care. An array of non-habilitative activities and opportunities for socialization are offered throughout the day, but not as therapeutic goals.

E. Employment Services (S06 & S11): Providing intensive, on-going supports for consumers for whom competitive employment is not achievable and who, because of the level of his or her disabilities, needs support to perform in a regular work setting. Employment Services may be provided in group settings or individually. There are 2 service codes associated with this service:

- Employment Services/Individual (S06): services are provided on a one-to-one basis such as a community based-individual job placement.
- Employment Services/Group (S11): services are provided in a group setting such as mobile work crews or enclaves.

For more information on Day Services, please refer to the Day Services Standards on the DDSN website (www.ddsn.sc.gov).

2. Funding Sources

Program funding sources are determined by DDSN before the onset of services. After a system log has been completed and submitted electronically, one of the following funding sources will appear next to each consumer's name and category totals will appear at the bottom of the log:

- ICF/IID Community (ICF/C)
- ICF/IID Regional (ICF/R)
- Waiver (ID/RD, CSW, HASCI)
- State-Funded

3. Instructions for On-Line Reporting

DSAL instructional videos are available on the application portal under DDSN > Business Tools > Videos > Application Training > DSAL. These videos are helpful for learning tasks such as how to create, unlock, or reject a system log and how to add a consumer's name to a log.

A. Production of Service Logs (Roll Books)

Day Service logs are created in DSAL on the first calendar day of each month based on where the Service Tracking System (STS) shows a consumer as receiving services. When the logs are generated, information such as consumer names, identifying information, and service provider location are drawn from STS data. If a system log shows incorrect information, STS needs to be updated. Until STS is updated, a system log will continue to print incorrect information. Contact should be made with the consumer's Case Manager to ensure that STS is updated promptly.

B. Reporting Attendance

All program attendance must be tracked throughout the month. Reporting must be done for each consumer on each day of the month by marking under the appropriate date one of the following codes:

- P – Individual Present
- A – Individual not Present (Absent)

Exception: Employment Services-IND logs (Service Code S06) are reported in 1 hour units. You must enter the actual time of service instead of selecting present or absent.

Consumers are automatically recorded as absent on weekend days only. This attendance may be overwritten if a consumer should happen to receive day services on a weekend day.

DDSN Day Service Standards require that a consumer be present in a day service activity for a minimum of 2 – 3 hours per half day, inclusive of transportation, in order to count the time as a unit of service. Exceptions to the 2 – 3 hours rule may be made for consumers who arrive late or leave early if it is necessary for them to receive other services already identified as part of their program plan. (Examples: doctor's appointment, therapy, etc.) At no time should a consumer be counted present if he or she receives less than 2 hours of half day service, exclusive of transportation.

If a service log did not generate for a new service location and the provider is certain that a consumer is receiving service there, a log may be created by clicking on "Create Log" from the DSAL menu. Based on STS, eligible consumer names will populate a new log. If no consumers show up on STS as receiving day services at the new service location, a log will not generate and users will see a screen message stating that a log could not be created. To be clear, the condition for creating a new log is that there must be at least one consumer on STS receiving services from the new location.

If a consumer's name is omitted from a log, the name may be added to the current month's log by clicking on the "Add Consumer" button at the bottom of the log summary screen. The information on STS determines who appears on the monthly logs. Therefore, information on STS must be correct in order for the logs to generate correctly.

C. Submission of the Logs (Roll Books)

System logs must be both "Submitted" and "Approved" on DSAL by the 5th business day of the following month. A "Submitter" is defined as the employee who enters attendance data during the month. The Submitter provides the Approver completed logs for final approval and closure.

Attendance must be recorded on an ongoing basis throughout the month. At the end of the month after all attendance for the month has been entered, system logs should be "Submitted" for approval. Corrections may be made to a log after it has been submitted up until it has been "Approved." After approval, no changes may be made.

D. On-Line History

Approved roll books are maintained on-line for inquiry for eighteen (18) months. These finalized reports may be reviewed, but information may not be changed.

4. Reimbursement Procedures for Qualified Providers

Financial Managers receive the day service funding for their residential consumers. If a service provider on the Qualified Provider List (QPL) provides day services to a consumer with a Financial Manager, the Qualified Provider should invoice the Financial Manager by providing

a copy of the attendance log as backup documentation. If a Qualified Provider provides day services to a consumer who resides in a SLP or CTH I residential facility, the invoice for the day services should be mailed to **DDSN Finance Division, Attn: SURB, PO Box 4706, Columbia, SC 29240**.

For providers who prefer to upload billing documents electronically, please contact SURB about obtaining access to the Reporting and Billing Center (RBC). RBC is a secure system on DDSN's application portal for uploading confidential billing documents that go to the SURB area. **If you choose to upload documents through RBC, please do not mail the originals.**

5. Confidentiality

Title II of HIPAA, known as the Administrative Simplification (AS) provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA; Pub.L. 104–191), required the establishment of national standards for electronic health care transactions and national identifiers for providers, health insurance plans and employers. All DDSN providers are required to comply with all applicable standards, orders and regulations pursuant to HIPAA concerning the confidentiality of information shown on all reporting documents.

6. Special Notes

- Case Managers are responsible for updating STS to reflect the appropriate service and activity for each consumer. Directors of Day Service and Case Management must ensure updates are current to within two (2) working days of any changes.
- Day Program staff is responsible for accurately reporting attendance for each activity and the service in which the activity was provided.
- Weekends are automatically filled in as "Absent" for each consumer listed. This data may be overwritten if a consumer were to receive day services on a weekend day.
- If a consumer's name is missing from a log in DSAL, click on "Add Consumer" at the bottom of the summary screen. If STS has been updated with the service for that consumer, his or her name will appear on the next screen and may be added to the current month's log. If the correct name does not appear, contact should be made with the consumer's Case Manager to ensure that STS is updated.
- The actual hours and minutes of Employment Services-IND (S06) rendered to a consumer must be filled in on the appropriate date. A unit of service for this code is one (1) hour.
- If a consumer has been discharged, STS must be updated immediately by the consumer's Case Manager, and the Admission/Discharge/Transfer process must be completed as soon as possible.
- If it is discovered that an approved service has been delivered but was not reported and the service occurred during a prior month, a blank roll book must be used to submit the service for billing. **A Service Error Correction Form should never be used to report a previously un-reported service.** A blank Adult Day roll book may be used to report the service. A blank roll book form may be found on the DDSN application portal under Business Tools > Forms > Finance Manual Chapter 10.

SERVICE ERROR CORRECTION FORM

This form should be used to correct services reported in error. If services were rendered but not reported, they should be reported by recording the service and the associated date on the current applicable reporting documents (ISR, SPL, etc.). If a correction is needed other than reporting additional services, send the correction in writing to the attention of the SURB Division in DDSN Central Office Finance.

*****ONE CONSUMER AND ONE SERVICE PER SECF*****

ENTER THE CODE OF THE DOCUMENT TO BE CORRECTED: _____

Case Management SPL's	[CMSPL]	Residential	[RESID]
Early Intervention ISR's	[EIISR]	SLP I	[RESLP] (SLPII, CTHI, CTHII or CRCF)
Day Program (Adult)	[AROLL]	Day Program (Child)	[CROLL]
Respite ISR's	[REISR]	Rehabilitation	[REHAB]
Job Coach ISR's	[JCISR]	Caregiver Services	[CRGVR]
HASCI	[HASCI]		

PROVIDER
NAME: _____

PROVIDER NUMBER: _____

RESPONSIBLE STAFF WHO
REPORTED SERVICE: _____

CASE LOAD NUMBER: _____

CONSUMER'S NAME: _____

SSN # (Last 4): _____

CONSUMER'S MEDICAID NUMBER: _____

THE FOLLOWING SERVICES WERE REPORTED IN ERROR:

(Use page 2 to record more dates of service)

DATE OF SERVICE	REASON CODE	FOUND BY CODE	DATE OF SERVICE	REASON CODE	FOUND BY CODE
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Reason Codes:

1. Plan out of date
2. Level of Care (LOC) out of date
3. Service not documented in plan
4. No VR letter available for supported employment
5. No medical necessity statement for Rehab Supports
6. Service was provided but was inappropriate and should not have been reported
7. No service was delivered
8. A service was indicated through fraud
9. Other (explain below: wrong service, over-reported, wrong date, etc.)

Found By Codes:

1. Responsible staff person who initially completed the original report
2. Supervisor Review
3. District/Central Office Review

(If more room is needed, please use comments section on page 2.)

DATE _____

SUPERVISOR SIGNATURE _____

SC Department of Disabilities & Special Needs
SERVICE ERROR CORRECTION FORM (Continued)

CONSUMER'S NAME:

CONSUMER'S SSN:
(Last 4 digits)

SERVICES REPORTED IN ERROR (CONTINUED):

DATE OF SERVICE	REASON CODE	FOUND BY CODE	DATE OF SERVICE	REASON CODE	FOUND BY CODE
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

ADDITIONAL COMMENTS:

DATE

SUPERVISOR SIGNATURE

Section 10.5: Board-Billed Assistive Tech, Environmental or Private Vehicle Modifications
Payment and Reporting Procedures

Environmental/Private Vehicle Modifications are physical adaptations made to the environment of a consumer that are required by their support plan and deemed necessary to ensure the health, welfare, safety, and functioning with greater independence thereby preventing the need for institutional placement.

Assistive Technology includes devices, controls or appliances that are specified in a consumer's support plan and which would enable him or her to increase abilities needed to perform activities of daily living or to perceive, control or communicate with the environment in which they live. This service may also include consultation and assessment to determine the specific needs related to a consumer's disability for which specialized assistive technology may assist him or her to function more independently.

For more information regarding the services described above, please refer to the ID/RD and CS Waiver Manuals available on DDSN's website.

Following are instructions for requesting payment of these services under ID/RD waiver funding. Service providers are required to keep on file with the paperwork that portion of a consumer's plan that explains the purpose and need for these services.

Payment Procedures for ID/RD Waiver - Assistive Tech

A. Approval Process

Providers should secure bids according to the procedures in the DDSN ID/RD Waiver Manual. Once the bids have been received, the costs for the modification should be entered into the Waiver Tracking System.

(1) Assistive Technology-Process

Once the vendor is chosen by the participant or selected as the lowest [pre-tax] bidder (when applicable) among the vendors from whom bids were solicited and the request has been submitted to the SCDDSN Waiver Administration Division and approved, the service can be authorized. To initiate the service following approval from the Waiver Administration Division, an electronic authorization must be completed and submitted to the chosen vendor. If they are an authorized vendor that is enrolled with SCDHHS as a DME provider, the item or service must be Direct billed to SCDHHS. If they are not enrolled with SCDHHS, the service must be Board billed to the participant's Financial Manager of that agency. This must be indicated on authorization which then must be printed and faxed to the vendor. For vendors that are contracted by the Financial Manager, a copy of the authorization must be sent to the Financial Manager. First, providers (generally Case Managers) must determine if an assistive technology item is covered by State Plan Medicaid, per the ID/RD Waiver Manual. Items reimbursed with waiver funds are in addition to medical or equipment supplies furnished under State Plan

Medicaid but exclude items which are not of direct medical or remedial benefit to the consumer.

In many cases, assistive technology can be provided by a vendor already enrolled with DHHS as a DME provider. (If a vendor is already enrolled as a DME provider, they cannot bill the Financial Manager or DDSN). For those times when a vendor is not enrolled with DHHS, the selected vendor may contract with the Financial Manager, to provide medical equipment, supplies, and/or consultation and must follow state procurement policies.

(2) Payment Procedures

Invoices for the approved and authorized services should be sent to the respective Financial Manager of the consumer for payment. In order for the Financial Manager to be reimbursed from DDSN, a copy of the invoice, the check to which it was paid and the waiver authorization should be send to DDSN via RBC. Providers are asked to upload these documents electronically, please contact SURB about obtaining access to the Reporting and Billing Center (RBC). RBC is a secure system on DDSN's portal for uploading confidential documents intended for SURB. **Please do not mail the originals when uploading documents through RBC.** In the event that the documentation must be mailed, the form and its attachments should be mailed to: **DDSN, ATTN: SURB, 3440 Hardin St Ext., Columbia, SC 29203.**

(2) Payment Procedures for IDRD Waiver for Environmental or Private Vehicle Modifications

Based upon the instructions in the DDSN ID/RD Waiver Manual and also SCDDSN directive 250-08-DD, *Procurement Requirements for Local DSN Boards*, a provider may have to secure 3 bids. Once the bid(s) have been received and the cost for the modification has been entered into the Waiver Tracking System, copies of the bid(s) along with the Waiver Acknowledgement of Lifetime Monetary Cap (Form E-1) are forwarded to DDSN's **Waiver Administration** for authorization. In the case where 3 bids are required and cannot be obtained, a thorough written explanation is required before approval may be considered by Waiver Administration.

Once the vendor is chosen, budget information and comments are entered into the Waiver Tracking System. The service must then be authorized by Waiver Administration by using the waiver authorization form "Authorization for Specialized Medical Equipment, Supplies, and Assistive Technology" per the ID/RD Waiver Manual. The authorization is sent to the respective Case Manager.

B. Submitting Invoices

The request for modification form must be signed and dated by the Case Management provider responsible for overseeing the modification process. The invoice, the request for payment form and the service authorization form should be uploaded through RBC so that DDSN can submit the invoice for payment directly to the vendor.

Providers are asked to upload these documents electronically, please contact SURB about obtaining access to the Reporting and Billing Center (RBC). RBC is a secure system on DDSN's portal for uploading confidential documents intended for SURB. **Please do not**

mail the originals when uploading documents through RBC. In the event that the documentation must be mailed, the form and its attachments should be mailed to: **DDSN, ATTN: SURB, 3440 Hardin St Ext., Columbia, SC 29203.**

A blank request for modification form along with the procedure and instructions for filling out the form is available on the DDSN application portal under Business Tools >Forms> Finance Manual Chapter 10. They can also be found under the DDSN Home page>Providers>DDSN Directives, Standards & Manuals>Finance Manual and Forms. Failure to submit all of the required documentation will delay the reimbursement process.

If a provider incurs environmental/private vehicle modification costs without obtaining the proper approval, reimbursement requests for those costs should not be submitted to DDSN.

2. Payment Procedures for CSW Waiver

Following are instructions for reporting modifications provided under CS waiver funding. Providers are required to keep on file with the paperwork that portion of a consumer's plan that explains the purpose and need for these services.

2. Reporting Procedures for Community Supports Waiver (CSW) Assistive Tech

A. Approval Process

Providers should secure bids according to the procedures in the DDSN Community Supports Waiver Manual. Once the bids have been received, the costs for the modification should be entered into the Waiver Tracking System.

B. Service Reporting Requirements

After the completion of a modification for a consumer with Community Supports Waiver funding, the provider should forward to SURB a completed "Community Supports Waiver Service Documentation for Assistive Technology form along with a copy of the vendor's invoice, the check submitted to the vendor, and the appropriate waiver authorization so that DDSN can bill Medicaid for the service. A blank form is available on the DDSN application portal under Business Tools >Forms >Finance Manual Chapter 10. Providers should either mail the form and its attachments to: **DDSN, Attn: SURB, PO Box 4706, Columbia SC 29240** or upload the documents in a PDF format to the Reporting and Billing Center (RBC) on the application portal.

3. Confidentiality

Title II of HIPAA, known as the Administrative Simplification (AS) provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA; Pub.L. 104–191), required the establishment of national standards for electronic health care transactions and national identifiers for providers, health insurance plans and employers. All DDSN providers are required to comply with all applicable standards, orders and regulations pursuant to HIPAA concerning the confidentiality of information shown on all reporting documents.



3440 Harden Street Ext (29203)
PO Box 4706, Columbia, South Carolina 29240
803/898-9600
Toll Free: 888/DSN-INFO
Home Page: www.ddsn.sc.gov

REQUEST FOR MODIFICATION

WAIVER TYPE

- ☐ ID/RD
☐ CSW
☐ HASCI

MODIFICATION TYPE

- ☐ Environmental
☐ Private Vehicle

Remit To: _____

Address (include zip code): _____

Phone Number: _____ Email Address: _____

State Vendor? ☐ Yes ☐ No If yes, provide vendor number, if no, a W-9 form is required. State Vendor Number: _____

Provider Agency: _____

Address (include zip code): _____

Contact Person: _____

Phone Number: _____ Email Address: _____

Consumer Name: _____ SSN # (Last 4): _____

Modification Description: _____

Cost of Modification (Amount Requested): _____ Date of Completion: _____

The following documents are required for payment

- Invoice
- Waiver Authorization
- W-9 (if applicable, see above)

PROVIDER CERTIFICATION: This modification has been provided for the consumer named above and has been completed to the satisfaction of the consumer.

Signature Title Date: _____

FOR DDSN/SURB USE ONLY:

This service has been billed to Medicaid.

Signature: _____

Date: _____

SOUTH CAROLINA DEPARTMENT OF DISABILITIES & SPECIAL NEEDS

**ID/RD Waiver Request for Payment of
Assistive Tech, Environmental or Private Vehicle Modifications**

Provider Agency:		
Address:		
City:	State:	Zip:
Contact Person:	Phone Number:	

Consumer's Name:	SSN # (Last 4):
Type of Modification:	
Cost of Modification (Amount Requested): \$	
Date of Completion:	

<p align="center">Please attach a copy of the following documentation:</p> <ul style="list-style-type: none">▶ Vendor's invoice.▶ Waiver Authorization.▶ Provider's payment to the Vendor as verification. <p align="center"><i>Failure to submit all required documentation will delay payment.</i></p>
--

PROVIDER CERTIFICATION: *The modification listed on this form has been provided to the individual named above as per the attached documentation.*

_____ <i>Signature</i>	_____ <i>Title</i>	_____ <i>Date</i>
---------------------------	-----------------------	----------------------

<u>For SURB Use</u> <i>The appropriate documentation has been received for this environmental modification. This invoice may be released for payment.</i>		<u>For Accounts Payable Use</u> <i>The Accounts Payable audit is complete.</i>	
Initials:	Date:	Initials:	Date:

SOUTH CAROLINA DEPARTMENT OF DISABILITIES & SPECIAL NEEDS

Community Supports Waiver – Service Documentation
Environmental Modifications/Assistive Technology/Private Vehicle Modifications
for Services billed to the DSN Board

Provider Agency:		
Address:		
City:	State:	Zip:
Contact Person:	Phone Number:	
Consumer's Name:	SSN # (Last 4):	
Modification Type & Description:		
Cost: \$	Date of Completion:	

PROVIDER CERTIFICATION: *The item listed on this form has been provided to the consumer named above as per the attached documentation.*

<i>Signature</i>	<i>Title</i>	<i>Date</i>

Please attach a copy of the following documentation:

1. Vendor's Invoice AFTER work is completed.
2. Check submitted to Contractor.
3. Completed Authorization for Service form.

This form and the documentation listed above MUST be submitted to SURB either through the RBC System or by U.S. Mail at SCDDSN Attn: SURB, PO Box 4706, Columbia, SC 29240

FOR DDSN/SURB USE ONLY <i>This service has been billed to Medicaid.</i>	
Signature:	Date:

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
INDIVIDUAL SUMMARY OF BOARD-BASED HASCI SERVICES

[illegible]

REQUIREMENT: All services listed above have been provided to the individual named above. Regional documentation of service delivery is available through the DSN Board named above.

Signature _____
HASCI Waiver Case Manager

For Central Office Use Only
SURB Audit Complete:

DSN Board:	
Month & Year Invoiced:	

[illegible]

Signature _____
Chief Financial Officer

Section 10.18: Waiver Credit Report Procedures

Payments to providers are based on capitated funding. Full waiver budgets, including direct-billed and board-based services, are used to calculate funding levels. Because funding bands are calculated using full services, DDSN avoids paying for the same services twice (once to the Boards and again through MMIS) by recovering from the Boards the amount actually processed through the Medicaid Management Information System (MMIS). MMIS is the entity that processes South Carolina Medicaid payments.

1. The Waiver Credit Report Process

DDSN receives a file monthly from the South Carolina Department of Health and Human Services (DHHS) containing all services paid by Medicaid during the prior month for consumers enrolled in the IR/RD and CS Waivers. From this file, a report of direct-billed services is extracted showing the calculated total credit for each Board. A credit adjustment is processed through DDSN Accounts Payable for each board-based service accordingly.

Providers have access to the DDSN application portal and may run Waiver Credit Reports using the Actuate Reporting Application (R2D2). The parameters needed to run these reports (Julian Date and Year) are posted at the top of the page in R2D2 immediately after users sign-in. Instructions for running a Waiver Credit Report for your Board follow on pages 10.18 p.2 through 10.18 p.5.

2. Medicaid Payments

Medicaid pays for services as a provider bills for them. Medicaid will not pay for services that are over 365 days old. The timing of payment for services is dependent on the service provider's billing process, which can vary greatly from one provider to another.

Special Notes:

- ✦ Service providers have only 365 days from date of service to bill Medicaid.
- ✦ The Waiver Credit Report lists services that are paid in a given month by Medicaid regardless of the date of service.
- ✦ Services may be paid in a 12-month period that could, possibly, represent services over a 24-month period.

3. Processing Credits

Due to the time lag between payment by MMIS and DDSN's receipt of the monthly report, and because Board payments are generally processed two weeks before they are due, credits to the Boards are processed during the third month, after the MMIS payment.

The following is an example of what this schedule looks like:

Contract Payment Number	Contract Payment due to Board on or before	Credit Reflects Payments made by MMIS during the month of
1	1-Jul	April
2	1-Aug	May
3	1-Sep	June
4	1-Oct	July
5	1-Nov	August
6	1-Dec	September
7	1-Jan	October
8	1-Feb	November
9	1-Mar	December
10	1-Apr	January
11	1-May	February
12	1-Jun	March

Special Note:

- ✦ The last month for any given fiscal year is March, which is credited against June payments.

4. Review Process and Submission of Reimbursement Request

Monitorship is important for many reasons but part of the purpose of monitorship is to prevent a service provider from delivering services in excess of the units authorized or not providing services that are authorized. Occasionally, these types of errors do occur. They may be the result of a variety of circumstances but regardless, action must be taken by the Case Manager to communicate with the service provider and determine the source of the problem and initiate the necessary corrective action.

- A. After running a Waiver Credit Report, **please review it carefully for errors. Requests for corrective action must be made directly to the service provider.** Per HIPAA requirements, service providers must reimburse Medicaid for overpayments, use of wrong procedure codes, duplicate payments, etc. For instructions on how to refund Medicaid, please refer to the SCDHHS website: <https://www.scdhhs.gov/provider>.

Once the original claim has been reversed, the service provider should issue a new replacement claim, if applicable. For claims that have been reversed, the amount of the claim will appear on the Waiver Credit Report as a negative number.

If necessary, DDSN can assist Boards with unresolved issues involving service providers and DHHS. However, before this step is taken – all efforts must be made with the service provider to correct the billing error(s) before asking DDSN for assistance. A written record of the attempts to resolve the issue will be required before DDSN contacts DHHS on a DDSN Provider's behalf.

Special Note:

Before contacting the service provider regarding an error, ask yourself the following questions:

- Is the authorization correct? Does the authorization need to be modified to reflect any added or deleted services?
 - Is the budget correct? Does the budget need to be modified to reflect any added or deleted services?
- B. PCA services delivered to consumers under the age of 21, along with nursing services and incontinence supplies are considered State Plan services and therefore are not part of Band payments.
- C. For consumers charged to your Waiver Credit Report that are not your responsibility:
- (1). Photocopy the page from the Waiver Credit Report pertaining to the consumer.
 - (2). Write on the copy that the consumer belongs to another provider and supply effective dates for any transfers or terminations. Forward the copy to SURB with a cover memo explaining the details.

- D. Environmental Modifications charged to Waiver Credit Reports may be reimbursed after review and verification. To facilitate your request, send a letter to DDSN Attn: SURB requesting reimbursement. In the letter, please include the consumer's name and social security number. Also, attach the following documents:
 - (1). A copy of the page from the Waiver Credit Report pertaining to the consumer, and
 - (2). A copy of the authorization pertaining to the consumer.
- E. If a service provider is not cooperative and you suspect Medicaid Fraud, please contact SURB immediately by calling (803) 898-9626.

5. Submission of Correspondence

Please direct all correspondence pertaining to adjustment requests (along with any attachments) to **DDSN, ATTN: SURB, P.O. Box 4706, Columbia, SC 29240**.

For providers who prefer to upload these documents electronically, please contact SURB about obtaining access to the Reporting and Billing Center (RBC). RBC is a secure system on DDSN's application portal for uploading confidential billing documents that go to the SURB area. **If you choose to upload documents through RBC, please do not mail the originals.**

6. DDSN Response to Reviews/Questions

DDSN will review all reimbursement requests along with any attachments. If in agreement with a submitter's assessment, a "Waiver Credit Report Reimbursement Memo" will be completed and emailed to you, and you will see a payment adjustment on a future payment schedule referencing the Memo you received. For each reimbursement request submitted, you will receive an approval memo or a phone call requesting additional information. If DDSN disagrees with the request, contact will be made directly either by phone or email.

7. Time Limits on Reviews and Adjustments

DSN Boards have six (6) months to report possible errors discovered in Waiver Credit Reports. For example, a November 2016 report processed against payments on February 2017 would have to be reviewed and errors reported back to DDSN by August 1, 2017. Once a possible error is reported, there is no time limit placed on a resolution.

8. Confidentiality of On-Line Documentation

Title II of HIPAA, known as the Administrative Simplification (AS) provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA; Pub.L. 104–191), required the establishment of national standards for electronic health care transactions and national identifiers for providers, health insurance plans and employers. All DDSN providers are required to comply with all applicable standards, orders and regulations pursuant to HIPAA concerning the confidentiality of information shown on all on-line reporting documents.



SC Department of Disabilities and Special Needs

CSW Procedure Codes and Modifiers by Type Fund

CSW	Type Fund	Procedure Code	Modifier	Service	Comments
	VL	A0120	000	ADULT DAY HLTH TRANS	
	VL	A4554	0KX	ASSISTIVE TECHNOLOGY	
	VL	A4554	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
	OD	A4554	000	ASSISTIVE TECHNOLOGY	
	VL	A4554	000	ASSISTIVE TECHNOLOGY	
	VL	A4927	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
	XJ	G0177	000	SUPPORT CENTER SERVS	
	Y7	H0023	000	BEHAVIOR SUPPORTS	
	XJ	H0045	000	RESPIRE-ICF/ID	
	Y7	H0046	000	PSYCH SVC-COUNSELING	
	XJ	H2016	0SE	COMMUNITY SERV-IND	
	XJ	H2016	000	COMMUNITY SERVICES	
	XJ	H2025	000	EMPLOYMENT SERV-IND	
	XJ	H2026	000	EMPLOYMENT SERV-GRP	
	VL	S5130	000	PERSONAL CARE I	
	VL	S5130	076	PERSONAL CARE I	
	VL	S5150	000	RESP-HRLY OR RESP-HRLY/DOC RATE	
	XJ	S5150	000	RESP-HRLY OR RESP-HRLY/DOC RATE	
	VL	S5150	076	RESP-HRLY OR RESP-HRLY/DOC RATE	
	XJ	S5150	076	RESP-HRLY OR RESP-HRLY/DOC RATE	
	VL	S5150	077	RESP-HRLY OR RESP-HRLY/DOC RATE	
	VL	S5150	079	RESP-HRLY OR RESP-HRLY/DOC RATE	
	XJ	S5151	000		
	VL	S5160	000	PER EMERG RESPON SYS	
	OD	S5161	000	PER EMERG RESPON SYS	
	VL	S5161	000	PER EMERG RESPON SYS	
	VL	S5165	000	ENVIRONMENTAL MODS	
	XJ	S5165	000	ENVIRONMENTAL MODS	
	VL	T1019	000	PERSONAL CARE II	
	VL	T1019	076	PERSONAL CARE II	
	VL	T1019	077	PERSONAL CARE II	
	VL	T1019	079	PERSONAL CARE II	
	XJ	T2014	000	CAREER PREPARATION	
	XJ	T2020	000	DAY ACTIVITY	
	XJ	T2025	000	IN HOME SRV-SELF DIR	
	XJ	T2025	076	IN HOME SRV-SELF DIR	
	OD	T2028	000	ASSISTIVE TECHNOLOGY	
	VL	T2028	000	ASSISTIVE TECHNOLOGY	
	XJ	T2028	000	ASSISTIVE TECHNOLOGY	
	VL	T2029	000	ASSISTIVE TECHNOLOGY	
	XJ	T2029	000	ASSISTIVE TECHNOLOGY	
	XJ	T2039	000	PRIV VEHICLE MOD	
	VL	T4521	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
	VL	T4521	000	ASSISTIVE TECHNOLOGY	
	VL	T4522	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
	OD	T4522	000	ASSISTIVE TECHNOLOGY	
	VL	T4522	000	ASSISTIVE TECHNOLOGY	



SC Department of Disabilities and Special Needs

CSW Procedure Codes and Modifiers by Type Fund

CSW	Type Fund	Procedure Code	Modifier	Service	Comments
	VL	T4523	OSC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: OSC
	OD	T4523	000	ASSISTIVE TECHNOLOGY	
	VL	T4523	000	ASSISTIVE TECHNOLOGY	
	VL	T4523	076	ASSISTIVE TECHNOLOGY	
	VL	T4524	OSC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: OSC
	OD	T4524	000	ASSISTIVE TECHNOLOGY	
	VL	T4524	000	ASSISTIVE TECHNOLOGY	
	VL	T4525	OSC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: OSC
	OD	T4525	000	ASSISTIVE TECHNOLOGY	
	VL	T4525	000	ASSISTIVE TECHNOLOGY	
	VL	T4526	OSC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: OSC
	OD	T4526	000	ASSISTIVE TECHNOLOGY	
	VL	T4526	000	ASSISTIVE TECHNOLOGY	
	VL	T4527	OSC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: OSC
	OD	T4527	000	ASSISTIVE TECHNOLOGY	
	VL	T4527	000	ASSISTIVE TECHNOLOGY	
	VL	T4528	OSC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: OSC
	OD	T4528	000	ASSISTIVE TECHNOLOGY	
	VL	T4528	000	ASSISTIVE TECHNOLOGY	
	VL	T4529	000	ASSISTIVE TECHNOLOGY	
	VL	T4530	000	ASSISTIVE TECHNOLOGY	
	VL	T4532	000	ASSISTIVE TECHNOLOGY	
	OD	T4533	000	ASSISTIVE TECHNOLOGY	
	VL	T4533	000	ASSISTIVE TECHNOLOGY	
	VL	T4534	0KX	ASSISTIVE TECHNOLOGY	
	VL	T4534	OSC	ASSISTIVE TECHNOLOGY	
	VL	T4534	000	ASSISTIVE TECHNOLOGY	
	VL	T4534	076	ASSISTIVE TECHNOLOGY	
	VL	T4535	OSC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: OSC
	OD	T4535	000	ASSISTIVE TECHNOLOGY	
	VL	T4535	000	ASSISTIVE TECHNOLOGY	
	VL	T4543	OSC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: OSC
	OD	T4543	000	ASSISTIVE TECHNOLOGY	
	VL	T4543	000	ASSISTIVE TECHNOLOGY	
	VL	T5999	0KX	ASSISTIVE TECHNOLOGY	
	VL	T5999	OSC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: OSC
	OD	T5999	000	ASSISTIVE TECHNOLOGY	
	VL	T5999	000	ASSISTIVE TECHNOLOGY	
	VL	X2045	000	ADLT DAY HLTH NURSNG	
	VL	X6987	000	ADULT DAY HEALTH	
	VL	X6987	076	ADULT DAY HEALTH	
	Y7	90801	000	PSYCH EVALUATION	
	Y7	96118	0AH	PSYCH EVALUATION	



SC Department of Disabilities and Special Needs

HASCI Procedure Codes and Modifiers by Type Fund

HASCI	Type Fund	Procedure Code	Modifier	Service	Comments
	EN			PRESCRIBED DRUGS	
	OI	A4554	0GY	ASSISTIVE TECHNOLOGY	
	VQ	A4554	0GY	ASSISTIVE TECHNOLOGY	
	VQ	A4554	0GZ	ASSISTIVE TECHNOLOGY	
	VQ	A4554	0KX	ASSISTIVE TECHNOLOGY	
	VQ	A4554	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
	VQ	A4554	0SG	ASSISTIVE TECHNOLOGY	
	OI	A4554	000	ASSISTIVE TECHNOLOGY	
	VQ	A4554	000	ASSISTIVE TECHNOLOGY	
	OI	A4554	076	ASSISTIVE TECHNOLOGY	
	VQ	A4554	076	ASSISTIVE TECHNOLOGY	
	VQ	A4927	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
	VQ	A4927	000	INCONTINENCE SUPPLIE	
	X9	H0023	000	BEHAVIOR SUPPORTS	
	Y;	H0023	000	BEHAVIOR SUPPORTS	
	Y;	H0023	059	BEHAVIOR SUPPORTS	
	X9	H0045	000	RESPITE-ICF/ID	
	X9	H0046	000	BEH SUPPORT EVAL	
	X9	H0046	000	FAMILY/IND. THERAPY	
	X9	H0046	000	PSYCH-ASSESS/TREAT	
	Y;	H0046	000	FAMILY/IND. THERAPY	
	Y;	H0046	000	LICENSE PSYCHOLOGIST	
	Y;	H0046	000	PSYCH-ASSESS/TREAT	
	VQ	S5121	0U1		
	VQ	S5121	000		
	OI	S5160	000	PER EMERG RESPON SYS	
	VQ	S5160	000	PER EMERG RESPON SYS	
	X9	S5160	000	PER EMERG RESPON SYS	
	OI	S5161	0RR	PER EMERG RESPON SYS	
	OI	S5161	000	PER EMERG RESPON SYS	
	VQ	S5161	000	PER EMERG RESPON SYS	
	X9	S5161	000	PER EMERG RESPON SYS	
	VQ	S5161	076	PER EMERG RESPON SYS	
	OI	S5165	000	ENVIRONMENTAL MODS	
	VQ	S5165	000	ENVIRONMENTAL MODS	
	X9	S5165	000	ENVIRONMENTAL MODS	
	VQ	S9123	0TG	HASCI-PRIV NUR, RN	
	VQ	S9123	000	HASCI-PRIV NUR, RN	
	VQ	S9123	076	HASCI-PRIV NUR, RN	
	VQ	S9124	0TG	HASCI-PRIV NUR, LPN	
	VQ	S9124	000	HASCI-PRIV NUR, LPN	
	VQ	S9124	076	HASCI-PRIV NUR, LPN	
	VQ	S9124	077	HASCI-PRIV NUR, LPN	
	VQ	T1002	000	RN SPECIALIZED CHILD	
	X9	T2025	000	IN HOME SRV-SELF DIR	
	VQ	T2029	000	ASSISTIVE TECHNOLOGY	
	OI	T2039	000	PRIV VEHICLE MOD	



SC Department of Disabilities and Special Needs

HASCI Procedure Codes and Modifiers by Type Fund

HASCI	Type Fund	Procedure Code	Modifier	Service	Comments
	VQ	T2039	000	PRIV VEHICLE MOD	
	X9	T2039	000	PRIV VEHICLE MOD	
	VQ	T4521	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
	OI	T4521	000	ASSISTIVE TECHNOLOGY	
	VQ	T4521	000	ASSISTIVE TECHNOLOGY	
	VQ	T4522	0KX	ASSISTIVE TECHNOLOGY	
	VQ	T4522	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
	OI	T4522	000	ASSISTIVE TECHNOLOGY	
	VQ	T4522	000	ASSISTIVE TECHNOLOGY	
	VQ	T4523	0KX	ASSISTIVE TECHNOLOGY	
	VQ	T4523	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
	OI	T4523	000	ASSISTIVE TECHNOLOGY	
	VQ	T4523	000	ASSISTIVE TECHNOLOGY	
	VQ	T4523	076	ASSISTIVE TECHNOLOGY	
	VQ	T4524	0KX	ASSISTIVE TECHNOLOGY	
	VQ	T4524	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
	OI	T4524	000	ASSISTIVE TECHNOLOGY	
	VQ	T4524	000	ASSISTIVE TECHNOLOGY	
	VQ	T4525	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
	OI	T4525	000	ASSISTIVE TECHNOLOGY	
	VQ	T4525	000	ASSISTIVE TECHNOLOGY	
	VQ	T4526	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
	OI	T4526	000	ASSISTIVE TECHNOLOGY	
	VQ	T4526	000	ASSISTIVE TECHNOLOGY	
	VQ	T4527	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
	VQ	T4527	0SG	ASSISTIVE TECHNOLOGY	
	OI	T4527	000	ASSISTIVE TECHNOLOGY	
	VQ	T4527	000	ASSISTIVE TECHNOLOGY	
	VQ	T4527	076	ASSISTIVE TECHNOLOGY	
	VQ	T4528	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
	OI	T4528	000	ASSISTIVE TECHNOLOGY	
	VQ	T4528	000	ASSISTIVE TECHNOLOGY	
	VQ	T4528	080	ASSISTIVE TECHNOLOGY	
	VQ	T4530	0SC	ASSISTIVE TECHNOLOGY	
	OI	T4530	000	ASSISTIVE TECHNOLOGY	
	VQ	T4530	000	ASSISTIVE TECHNOLOGY	
	OI	T4533	000	ASSISTIVE TECHNOLOGY	
	VQ	T4534	0SC	ASSISTIVE TECHNOLOGY	
	OI	T4534	000	ASSISTIVE TECHNOLOGY	
	VQ	T4534	000	ASSISTIVE TECHNOLOGY	
	VQ	T4535	0KX	ASSISTIVE TECHNOLOGY	
	VQ	T4535	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
	OI	T4535	000	ASSISTIVE TECHNOLOGY	
	VQ	T4535	000	ASSISTIVE TECHNOLOGY	
	VQ	T4543	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
	OI	T4543	000	ASSISTIVE TECHNOLOGY	
	VQ	T4543	000	ASSISTIVE TECHNOLOGY	



SC Department of Disabilities and Special Needs

HASCI Procedure Codes and Modifiers by Type Fund

HASCI	Type Fund	Procedure Code	Modifier	Service	Comments
	VQ	T5999	0CS	ASSISTIVE TECHNOLOGY	
	VQ	T5999	0KX	ASSISTIVE TECHNOLOGY	
	VQ	T5999	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
	OI	T5999	000	ASSISTIVE TECHNOLOGY	
	VQ	T5999	000	ASSISTIVE TECHNOLOGY	
	VQ	T5999	025	ASSISTIVE TECHNOLOGY	
	KG	V2020	000	ADULT VISION	
	KG	V2199	0LT	ADULT VISION	
	KG	V2199	0RT	ADULT VISION	
	KG	V2299	0LT	ADULT VISION	
	KG	V2299	0RT	ADULT VISION	
	VQ	X0241	000	ATTEN CARE SVC-HASCI	
	VQ	X0241	073	ATTEN CARE SVC-HASCI	
	VQ	X0241	074	ATTEN CARE SVC-HASCI	
	VQ	X0241	076	ATTEN CARE SVC-HASCI	
	VQ	X0241	077	ATTEN CARE SVC-HASCI	
	VQ	X0241	079	ATTEN CARE SVC-HASCI	
	X9	X0243	000	ATTEN CARE SVC-HASCI	
	X9	X0247	000	ATTEN CARE SVC-HASCI	
	X9	X0247	076	ATTEN CARE SVC-HASCI	
	X9	X1000	000	HASCI RESIDENTIAL	
	X9	X1001	000	HASCI PRE VOC	
	X9	X1002	000	CAREER PREPARATION	
	X9	X1003	000	HASCI DAY HAB	
	VQ	X1922	0GY	ASSISTIVE TECHNOLOGY	
	VQ	X1922	0KX	ASSISTIVE TECHNOLOGY	
	VQ	X1922	0NU	ASSISTIVE TECHNOLOGY	
	VQ	X1922	0SC	ASSISTIVE TECHNOLOGY	
	OI	X1922	000	ASSISTIVE TECHNOLOGY	
	VQ	X1922	000	ASSISTIVE TECHNOLOGY	
	X9	X1922	000	ASSISTIVE TECHNOLOGY	
	VQ	X1922	050	ASSISTIVE TECHNOLOGY	
	OI	X1922	076	ASSISTIVE TECHNOLOGY	
	VQ	X1922	076	ASSISTIVE TECHNOLOGY	
	X9	X1922	076	ASSISTIVE TECHNOLOGY	
	VQ	X7028	000	RESP-HRLY OR RESP-HRLY/DOC RATE	
	X9	X7028	000	RESP-HRLY OR RESP-HRLY/DOC RATE	
	VQ	X7028	076	RESP-HRLY OR RESP-HRLY/DOC RATE	
	X9	X7028	076	RESP-HRLY OR RESP-HRLY/DOC RATE	
	ZX	92506	0HA	ASSESS-COMMUNICATION	
	JY	92507	000		
	ZX	92507	000	OTHER COMMUN. SVCS	
	JY	92557	000		
	ZW	92557	000	ASSESS-COMMUNICATION	
	ZW	92567	000	AUDIOLOGY EVALUATION	
	Y?	97001	0GP	PHYSICAL THERAPY	
	Y:	97003	0GO	PHYSICAL THERAPY	



SC Department of Disabilities and Special Needs

HASCI Procedure Codes and Modifiers by Type Fund

HASCI	<u>Type Fund</u>	<u>Procedure Code</u>	<u>Modifier</u>	<u>Service</u>	<u>Comments</u>
	Y?	97110	0GP	PHYSICAL THERAPY	
	Y:	97110	0GP		
	Y:	97113	0GO	OCCUPATIONAL THERAPY	
	Y?	97113	0GP	PHYSICAL THERAPY	
	Y?	97140	0GP		
	Y?	97161	0GP		
	Y?	97161	000		
	Y?	97162	0GP		
	Y?	97162	000		
	Y?	97163	0GP		
	Y?	97163	000		
	Y?	97164	0GP		
	Y?	97164	000		
	Y:	97165	0GO		
	Y:	97530	0GO	PHYSICAL THERAPY	
	Y?	97530	0GP	PHYSICAL THERAPY	
	Y:	97530	0GP	PHYSICAL THERAPY	

ID/RD Procedure Codes and Modifiers by Type Fund

Type Fund	Procedure Code	Modifier	Service	Comments
EI			PRESCRIBED DRUGS	
VF	A0120	000	ADULT DAY HLTH TRANS	
VF	A4554	0KX	ASSISTIVE TECHNOLOGY	
VF	A4554	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
VF	A4927	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
FC	D0120	000	ADULT DENTAL	
FC	D0140	000	ADULT DENTAL	
FC	D0150	000	ADULT DENTAL	
FC	D0210	000	ADULT DENTAL	
FC	D0220	000	ADULT DENTAL	
FC	D0230	000	ADULT DENTAL	
FC	D0272	000	ADULT DENTAL	
FC	D0274	000	ADULT DENTAL	
FC	D0330	000	ADULT DENTAL	
FC	D1110	000	ADULT DENTAL	
FC	D2140	000	ADULT DENTAL	
FC	D2150	000	ADULT DENTAL	
FC	D2160	000	ADULT DENTAL	
FC	D2161	000	ADULT DENTAL	
FC	D2330	000	ADULT DENTAL	
FC	D2331	000	ADULT DENTAL	
FC	D2332	000	ADULT DENTAL	
FC	D2335	000	ADULT DENTAL	
FC	D2391	000	ADULT DENTAL	
FC	D2392	000	ADULT DENTAL	
FC	D2393	000	ADULT DENTAL	
FC	D2394	000	ADULT DENTAL	
FC	D7140	000	ADULT DENTAL	
FC	D7210	000	ADULT DENTAL	
FC	D7230	000	ADULT DENTAL	
FC	D7240	000	ADULT DENTAL	
FC	D7250	000	ADULT DENTAL	
FC	D9222	000	ADULT DENTAL	
FC	D9223	000	ADULT DENTAL	
FC	D9230	000	ADULT VISION	
FC	D9248	000	ADULT DENTAL	
XX	G0177	000	SUPPORT CENTER SERVS	
Y=	H0023	000	BEHAVIOR SUPPORTS	
Y=	H0023	059	BEHAVIOR SUPPORTS	
XX	H0045	000	RESPIRE-ICF/ID	
Y=	H0046	000	BEH SUPPORT EVAL	
Y=	H0046	000	FAMILY/IND. THERAPY	
Y=	H0046	000	PSYCH-ASSESS/TREAT	
XX	H2016	000	COMMUNITY SERVICES	
XX	H2025	000	EMPLOYMENT SERV-IND	

ID/RD Procedure Codes and Modifiers by Type Fund

Type Fund	Procedure Code	Modifier	Service	Comments
XX	H2026	000	EMPLOYMENT SERV-GRP	
VF	S5121	0U1	PEST CONTROL TREATMN	
VF	S5121	000	PEST CONTROL TREATMN	
VF	S5130	000	PERSONAL CARE I	
VF	S5130	074	PERSONAL CARE I	
VF	S5130	076	PERSONAL CARE I	
VF	S5160	000	PER EMERG RESPON SYS	
VF	S5161	000	PER EMERG RESPON SYS	
XX	S5165	000	ENVIRONMENTAL MODS	
VF	S9123	000	NURSING -RN	
VF	S9123	076	NURSING -RN	
VF	S9123	077	NURSING -RN	
VF	S9124	000	NURSING -LPN	
VF	S9124	076	NURSING -LPN	
VF	S9124	077	NURSING -LPN	
VF	T1002	000	RN SPECIALIZED CHILD	
VF	T1002	076	RN SPECIALIZED CHILD	
VF	T1002	077	RN SPECIALIZED CHILD	
VF	T1003	000	LPN SPECIALIZD CHILD	
VF	T1003	076	LPN SPECIALIZD CHILD	
VF	T1003	077	LPN SPECIALIZD CHILD	
VF	T1019	0T1	PERSONAL CARE II	
VF	T1019	000	PERSONAL CARE II	
VF	T1019	074	PERSONAL CARE II	
VF	T1019	076	PERSONAL CARE II	
XX	T2014	000	CAREER PREPARATION	
XX	T2020	000	DAY ACTIVITY	
VF	T2025	000	IN HOME SRV-SELF DIR	
XX	T2025	000	IN HOME SRV-SELF DIR	
VF	T2029	0U1	SME/AST TEC ASMT/CON	
VF	T2029	000	SME/AST TEC ASMT/CON	
XX	T2039	000	PRIV VEHICLE MOD	
VF	T4521	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
VF	T4522	0KX	ASSISTIVE TECHNOLOGY	
VF	T4522	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
VF	T4523	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
VF	T4524	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
VF	T4525	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
VF	T4526	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
VF	T4526	076	ASSISTIVE TECHNOLOGY	
VF	T4527	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
VF	T4528	0KX	ASSISTIVE TECHNOLOGY	
VF	T4528	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
VF	T4530	0KX	ASSISTIVE TECHNOLOGY	
VF	T4532	0KX	ASSISTIVE TECHNOLOGY	

ID/RD Procedure Codes and Modifiers by Type Fund

Type Fund	Procedure Code	Modifier	Service	Comments
VF	T4533	0KX	ASSISTIVE TECHNOLOGY	
VF	T4534	0KX	ASSISTIVE TECHNOLOGY	
VF	T4534	0SC	ASSISTIVE TECHNOLOGY	
VF	T4534	076	ASSISTIVE TECHNOLOGY	
VF	T4535	0KX	ASSISTIVE TECHNOLOGY	
VF	T4535	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
VF	T4543	0KX	ASSISTIVE TECHNOLOGY	
VF	T4543	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
VF	T5999	0KX	ASSISTIVE TECHNOLOGY	
VF	T5999	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
KJ	V2020	0Q5	ADULT VISION	
KJ	V2020	0RA	ADULT VISION	
KJ	V2020	0U9	ADULT VISION	
KH	V2020	000	ADULT VISION	
KJ	V2020	000	ADULT VISION	
KJ	V2100	0LT	ADULT VISION	
KJ	V2100	0RT	ADULT VISION	
KH	V2100	000	ADULT VISION	
KJ	V2100	000	ADULT VISION	
KJ	V2101	0LT	ADULT VISION	
KJ	V2101	0RT	ADULT VISION	
KH	V2101	000	ADULT VISION	
KJ	V2101	000	ADULT VISION	
KJ	V2102	0LT	ADULT VISION	
KJ	V2102	0RT	ADULT VISION	
KJ	V2102	000	ADULT VISION	
KJ	V2103	0LT	ADULT VISION	
KJ	V2103	0RA	ADULT VISION	
KJ	V2103	0RT	ADULT VISION	
KH	V2103	000	ADULT VISION	
KJ	V2103	000	ADULT VISION	
KJ	V2104	0LT	ADULT VISION	
KJ	V2104	0RT	ADULT VISION	
KJ	V2104	000	ADULT VISION	
KJ	V2105	0LT	ADULT VISION	
KJ	V2105	0RT	ADULT VISION	
KJ	V2105	000	ADULT VISION	
KJ	V2106	0RT	ADULT VISION	
KJ	V2106	000	ADULT VISION	
KJ	V2107	0LT	ADULT VISION	
KJ	V2107	0RT	ADULT VISION	
KJ	V2107	000	ADULT VISION	
KJ	V2108	0LT	ADULT VISION	
KJ	V2108	0RT	ADULT VISION	
KJ	V2108	000	ADULT VISION	

ID/RD Procedure Codes and Modifiers by Type Fund

Type Fund	Procedure Code	Modifier	Service	Comments
KJ	V2109	0RT	ADULT VISION	
KJ	V2109	000	ADULT VISION	
KJ	V2111	0LT	ADULT VISION	
KJ	V2111	0RT	ADULT VISION	
KJ	V2111	000	ADULT VISION	
KJ	V2112	0LT	ADULT VISION	
KJ	V2112	0RT	ADULT VISION	
KJ	V2112	000	ADULT VISION	
KJ	V2113	0RT	ADULT DENTAL	
KJ	V2113	000	ADULT DENTAL	
KJ	V2114	0LT	ADULT VISION	
KJ	V2114	0RT	ADULT VISION	
KJ	V2114	000	ADULT VISION	
KJ	V2200	0LT	ADULT VISION	
KJ	V2200	0RT	ADULT VISION	
KJ	V2200	000	ADULT VISION	
KJ	V2201	0LT	ADULT VISION	
KJ	V2201	0RT	ADULT VISION	
KJ	V2201	000	ADULT VISION	
KJ	V2202	000	ADULT VISION	
KJ	V2203	0LT	ADULT VISION	
KJ	V2203	0RA	ADULT VISION	
KJ	V2203	0RT	ADULT VISION	
KJ	V2203	000	ADULT VISION	
KJ	V2204	0LT	ADULT VISION	
KJ	V2204	0RA	ADULT VISION	
KJ	V2204	0RT	ADULT VISION	
KJ	V2204	000	ADULT VISION	
KJ	V2205	0LT	ADULT VISION	
KJ	V2205	000	ADULT VISION	
KJ	V2207	0LT	ADULT VISION	
KJ	V2207	0RA	ADULT VISION	
KJ	V2207	0RT	ADULT VISION	
KJ	V2207	000	ADULT VISION	
KJ	V2208	0RA	ADULT VISION	
KJ	V2208	000	ADULT VISION	
KJ	V2211	0RA	ADULT VISION	
KJ	V2211	0RT	ADULT VISION	
KJ	V2211	000	ADULT VISION	
KJ	V2520	000	ADULT VISION	
KJ	V2744	0LT	ADULT VISION	
KJ	V2744	0RT	ADULT VISION	
KJ	V2744	000	ADULT VISION	
KJ	V2755	0LT	ADULT VISION	
KJ	V2755	0RT	ADULT VISION	

ID/RD Procedure Codes and Modifiers by Type Fund

Type Fund	Procedure Code	Modifier	Service	Comments
KH	V2755	000	ADULT VISION	
KJ	V2755	000	ADULT VISION	
KJ	V2780	000	ADULT VISION	
KJ	V2784	0LT	ADULT VISION	
KJ	V2784	0RA	ADULT VISION	
KJ	V2784	0RT	ADULT VISION	
KH	V2784	000	ADULT VISION	
KJ	V2784	000	ADULT VISION	
ZS	V5011	000	AUDIOLOGY SERVICES	
OG	V5030	0LT	AUDIOLOGY SERVICES	
OG	V5030	0RT	AUDIOLOGY SERVICES	
OG	V5050	0LT	AUDIOLOGY SERVICES	
OG	V5050	0RT	AUDIOLOGY SERVICES	
OG	V5060	0LT	AUDIOLOGY SERVICES	
OG	V5060	0RT	AUDIOLOGY SERVICES	
OG	V5264	0LT	AUDIOLOGY SERVICES	
OG	V5264	0RT	AUDIOLOGY SERVICES	
OG	V5266	0RT	AUDIOLOGY SERVICES	
OG	V5266	000	AUDIOLOGY SERVICES	
OG	V5267	0RT	AUDIOLOGY SERVICES	
ZS	V5275	0LT	AUDIOLOGY SERVICES	
ZS	V5275	0RT	AUDIOLOGY SERVICES	
XX	X0247	000	PERSONAL CARE II	
XX	X0247	000	UAP ATTENDANT CARE	
XX	X0247	076	PERSONAL CARE II	
XX	X0247	076	UAP ATTENDANT CARE	
VF	X1915	0LT	ASSISTIVE TECHNOLOGY	
VF	X1915	0RT	ASSISTIVE TECHNOLOGY	
VF	X1915	000	ASSISTIVE TECHNOLOGY	
VF	X1916	0LT	ASSISTIVE TECHNOLOGY	
VF	X1916	0RT	ASSISTIVE TECHNOLOGY	
VF	X1916	000	ASSISTIVE TECHNOLOGY	
XX	X1916	000	ASSISTIVE TECHNOLOGY	
VF	X2045	000	ADLT DAY HLTH NURSNG	
XX	X6974	000	SLP I	
XX	X6974	076	SLP I	
XX	X6975	000	CRCF	
XX	X6975	000	CTH I	
XX	X6975	000	CTH II	
XX	X6975	000	SLP II	
VF	X6985	000	RESP-HRLY OR RESP-HRLY/DOC RAT	
XX	X6985	000	RESP-HRLY OR RESP-HRLY/DOC RAT	
VF	X6985	076	RESP-HRLY OR RESP-HRLY/DOC RAT	
XX	X6985	076	RESP-HRLY OR RESP-HRLY/DOC RAT	
XX	X6986	000	ADULT COMPANION	

ID/RD Procedure Codes and Modifiers by Type Fund

Type Fund	Procedure Code	Modifier	Service	Comments
VF	X6987	000	ADULT DAY HEALTH	
VF	X6987	076	ADULT DAY HEALTH	
XX	X9322	000	PRIV VEHICLE MOD	
DS	1		ADULT DENTAL	
FC	41874	000	ADULT DENTAL	
KJ	92340	0RA	ADULT VISION	
KH	92340	000	ADULT VISION	
KJ	92340	000	ADULT VISION	
KJ	92341	000	ADULT VISION	
KJ	92342	000	ADULT VISION	
Y(	92507	000	PHYSICAL THERAPY	
ZT	92507	000	SPEECH EVALUATION	
ZT	92523	000		
ZT	92526	000		
ZS	92552	000	SPEECH EVALUATION	
ZS	92557	000	SPEECH EVALUATION	
ZS	92557	052	SPEECH EVALUATION	
ZS	92567	000	SPEECH EVALUATION	
ZS	92579	000	AUDIOLOGY SERVICES	
ZS	92585	000	AUDIOLOGY SERVICES	
ZS	92587	000	SPEECH EVALUATION	
ZS	92588	000	SPEECH EVALUATION	
ZS	92590	0LT	SPEECH EVALUATION	
ZS	92590	0RT	SPEECH EVALUATION	
ZS	92590	000	SPEECH EVALUATION	
ZS	92592	0LT	SPEECH EVALUATION	
ZS	92592	0RT	SPEECH EVALUATION	
ZS	92592	000	SPEECH EVALUATION	
ZS	92592	050	SPEECH EVALUATION	
ZS	92603	000		
ZT	92607	000		
Y(	92608	000		
ZT	92608	000		
Y(	92609	000		
ZT	92609	000		
ZT	92610	059		
ZT	92612	000		
Y(	97110	0GP	PHYSICAL THERAPY	
Y!	97110	0GP	PHYSICAL THERAPY	
Y!	97113	0GO		
Y(	97113	0GP		
Y!	97140	0GO		
Y(	97140	0GP		
Y(	97161	0GP		
Y!	97161	0GP		

ID/RD Procedure Codes and Modifiers by Type Fund

Type Fund	Procedure Code	Modifier	Service	Comments
Y(	97161	000		
Y(	97162	0GP		
Y(	97163	0GP		
Y(	97164	0GP		
Y(	97164	000		
Y!	97165	0GO		
Y!	97166	0GO		
Y!	97167	0GO		
Y!	97168	0GO		
Y!	97168	000		
Y!	97530	0GO	PHYSICAL THERAPY	
Y(	97530	0GP	PHYSICAL THERAPY	
Y!	97530	0GP	PHYSICAL THERAPY	

Information Security Is
YOUR
Responsibility



Are **YOU** the weakest link?



[illegible]

- **Information Security and Privacy Policy Development and Enforcement**
- **Information Accountability and Audit**
- **Information Security Threat and Vulnerability Management**
- **Cyber Security Incident and HIPAA Breach Response**
- **Cyber Security Awareness and HIPAA Training**

RISK@DDSN.SC.GOV

SANS TRAINING

SECURITY AWARENESS

- Required to be completed annually
- Campaign runs from Jan – October
- 20 Modules (approximately 60 minutes)

From: List Risk & Compliance
Sent: **DDDD, MMMM DD, YYYY HH:MM AM**
To: List Risk & Compliance <Risk@ddsn.sc.gov>
Subject: Providers and Boards 2019 SANS Securing the Human Cyber Security Annual Recertification (CSAR)

Good Day:

The SC Department of Disabilities and Special Needs Enterprise Governance, Risk, and Compliance Department is proud to announce the 2019 SANS Securing the Human Cyber Security Annual Recertification (CSAR). **This email serves as the formal notification for each Board and Provider to begin the SANS training.** This would include, but not be limited to, employees who access Therap, CDSS, consumer intake, consumer medical data, consumer employment data, or any other information containing PHI or PII regarding a DDSN consumer or potential DDSN consumer. For full compliance, each employee must complete all **20** assigned modules in the SANS system. If you have any questions as to whom this may entail, or you are unable to activate all your employees due to licensing issues, please contact the EGRC team at Risk@ddsn.sc.gov

At this time boards and providers should have already uploaded their employees into the SANS training website. **You will have until **MMMM October 31, 20YY**, in which all identified personnel must be trained.** Training for the year ends October 31, 20YY and is not required for November and December. Training will resume in January 20YY.

SAP Litmos

1. You will log into the **SAP Litmos** environment @ <https://ddsn.litmos.com/>. (NOTE: All emails from this platform will come from system@litmos.com.)
2. Log in with your username (your email address) and supplied password (update upon your initial login).

SAP Litmos

Log in to your online learning

☐ Show Password

Login

I've forgotten my username/password

Don't have a Litmos account? Sign up for a free trial today

EMAIL ENCRYPTION



- It is required that consumer PHI/PII be sent securely in THERAP using SCOMM
- Examples of PHI/PII include...
 - Medical Info, SSN, DL, DOB, GENDER, AGE, ETC.

SCOMM Provides a secure way to send the following types of information to each other while logged into Therap: Social Security Numbers, Driver's License Number, Passport Number, Personal Credit/Debit Card Number(s), Personal Finance Information, Taxpayer ID, Employee ID, Health Insurance Beneficiary, Vehicle License Plate, State ID, Mother's Maiden Name, Name, Date of Birth, Place of Birth, Home Address, Maiden Name, Gender, Age, Race / Ethnicity, Personal Email Address, Religious Preferences, Medical Information, Spousal Information, Security Clearance, Emergency Contacts, Military Status / Service Status, or OTHER confidential information.

To send an SCOMM you must have a Therap account and the receiving party must have a Therap account. If you do not have an account. Please contact your Therap Security Administrator.



Upcoming Webinar

Therap New Release: 2019.2.0
August 14, 2019 | 12.30 pm ET/9.30 am PT

Call for Presentations

National Conference 2020
Denver, Colorado
Jan 28 – Jan 30

New

Scanner Interface

Coming Soon

English

Login

Login Name

Password

Provider Code

Login

[Forgot Password?](#)

[Trouble Logging In?](#)

YOU are a target to hackers

Don't ever say "It won't happen to me". We are all at risk and the stakes are high - to your personal and financial well-being, and to the Agency's security and privacy posture.

- Keeping consumer resources secure and private (to the extent of minimum necessary to perform a given function) is EVERYONE'S responsibility.
- By following the tips below and remaining vigilant, you are doing your part to protect yourself and others.

Keep software up to date on your personal devices

Installing software updates for your operating system and programs is critical. Always install the latest security updates for your devices:
Turn on Automatic Updates for your operating system.
Use web browsers such as Chrome or Firefox that receive frequent, automatic security updates.
Make sure to keep browser plug-ins (Flash, Java, etc.) up to date.

Never leave devices unattended

The physical security of your devices is just as important as their technical security.
If you need to leave your laptop, phone, or tablet for any length of time - lock it up so no one else can use it.
If you keep sensitive information on a flash drive or external hard drive, make sure to keep these locked as well.
For desktop computers, shut-down the system when not in use - or lock your screen.

Be careful what you click

Avoid visiting unknown websites or downloading software from untrusted sources. These sites often host malware that will automatically, and often silently, compromise your computer.
If attachments or links in the email are unexpected or suspicious for any reason, don't click on it.

Back up your personal data

Back up regularly - if you are a victim of a security incident, the only guaranteed way to repair your computer is to erase and re-install the system.

Avoid Phishing scams - beware of suspicious emails and phone calls

Phishing scams are a constant threat - using various social engineering ploys, cyber-criminals will attempt to trick you into divulging personal information such as your login ID and password, banking or credit card information.
Phishing scams can be carried out by phone, text, or through social networking sites - but most commonly by email.
Be suspicious of any official-looking email message or phone call that asks for personal or financial information.

Protect sensitive data

Be aware of sensitive data that you come into contact with, and associated restrictions. In general:
Keep sensitive data off of your workstation, laptop, or mobile devices.
Securely remove sensitive data files from your system when they are no longer needed.
Always use encryption when storing or transmitting sensitive data.

Install anti-virus protection on your personal devices

Only install an anti-virus program from a known and trusted source. Keep virus definitions, engines and software up to date to ensure your anti-virus program remains effective.

Practice good password management

We all have too many passwords to manage - and it's easy to take short-cuts, like reusing the same password or sticky notes on your monitor. A password management program can help you to maintain strong unique passwords for all of your accounts. These programs can generate strong passwords for you, enter credentials automatically, and remind you to update your passwords periodically.

There are several online password management services that offer free versions such as KeePass, Dashlane or LastPass (my favorite).

Here are some general password tips to keep in mind:

Use long passwords - **20 characters or more is recommended.**

Use passphrases that are easy for YOU to remember (e.g., I run @ least 3 days a week! OR IRun@Least3DaysAWeek)

Use a strong mix of characters, and never use the same password for multiple sites. The password manager can really help with this. I know, I have a different password for every account that I use.

Don't share your passwords and don't write them down (especially not on a post-it note attached to your monitor).

Update your passwords periodically, at least once every 6 months (90 days is better). You don't have to wait until they expire to change.



Use mobile devices safely

Considering how much we rely on our mobile devices, and how susceptible they are to attack, you'll want to make sure you are protected:

Lock your device with a PIN or password - and never leave it unprotected in public.

Only install apps from trusted sources.

Keep your device's operating system updated.

Don't click on links or attachments from unsolicited emails or texts.

Avoid transmitting or storing personal information on the device.

Most handheld devices are capable of employing data encryption - consult your device's documentation for available options.

Backup your data.

SC Department of Disabilities and Special Needs

IT Provider Onboarding Handbook

1. Helpdesk-

- a. The DDSN helpdesk operates Monday – Friday 8 am -4:30 pm. Submit email to helpdesk@ddsn.sc.gov. Ph. 803-898-9767.
- b. We offer after hours support to cover **critical issues**. To reach our helpdesk after hours please call ph. 803-429-0160.

2. Therap-

- a. **Therap Access** - Security for Therap is controlled by the Therap Security Administrator during the onboarding process.
- b. **Therap Training** - Training User Guides. Training for new users are accommodated through the provider. If for any reason you need additional How-To information, we provide through Therap resources that can help answer questions about navigating the system.

<https://help.therapservices.net/app/products/detail/p/515>

3. Portal- The DDSN portal is located at: <https://app.ddsn.sc.gov/ddsnportal/applicationListing.do>

- a. CDSS (DB2) – Core demographic data.
- b. DSAL/RESLOG – Day and Residential Logs
- c. RBC – Securely submit billing documentation, error correction forms, etc
- d. JEDI – Maintain user access to portal and user information
- e. R2D2 (Actuate Reporting) – Run a variety of reports
- f. SPM – Communication distribution channels
- g. Business Tools – Access to forms, directives, standards, manuals, and other documents

4. DDSN Website - The DDSN website is located at <http://ddsn.sc.gov> The following information can be found on this site and much more: Finance end Audit Resources, DDSN Directives, Executive Memos, Standards and Manuals, provider rates, etc.

5. Security and Access

- a. **New User Request** - JEDI - If you have a security or access request, submit a request to your provider security administrator (PSA) in the JEDI system. The provider security administrator will submit all relevant information and IT will process the request and respond back to the Security Administrator.
- b. **Terminating User** - Currently our PSA are responsible for reporting terminations in the system. In the event you have an employee that has resigned or was terminated, it is important to notify your PSA immediately so our team can disable the user account in the system. This applies to changes of accounts or security access.
- c. **Security** - It is strictly prohibited to share account information amongst staff members as this violates the agency policies.

6. SPM — Make sure you are listed/your key staff are listed in the Service Provider Management system and are in the proper categories to ensure receipt of communications relevant to them. Memo provided in handouts for more information.



DDSN Executive Memo

Date: 11/7/2018

To: Executive Directors & CEOs

From: State Director Mary Poole *mp/pjm*

Re: Simplify and Standardize Disseminating Important Information to Providers

Based on positive feedback from the DDSN Business Task Force, DDSN will simplify and standardize a process to disseminate important information to providers. With the wide variety of communication channels today, such as emails, phone calls, Skype, meetings, and task forces, important information can be lost in the volume of communications or misrouted by the sender. DDSN's new formal system for important information will ensure relevant facts are solidified into **ONE document** and 100% of the effected providers/stakeholders receive this information at the same time.

This new formal dissemination channel will operate as follows:

- DDSN establishes a single, standard memo format; requires Associate State Director or State Director authority to send (quality/consistency/relevancy); and a single person designated for questions, to include phone# & email address.
- Establish a single DDSN public webpage repository for "DDSN Executive Memos," which is <https://www.ddsn.sc.gov/providers/executive-memos>. This webpage keeps the memos in one master repository by date, as well as major topics sorted to simplify retrieval for case management, waiver services, quality management, and financial matters.
- The key to this new communication process is upgrading the precision of the current "Service Provider Management" (SPM) email system. The email notification categories are precisely defined to reach the intended recipient(s), such as EDs impacted & agency functional experts (i.e., case manager supervisor, CFO, residential director), as well as eliminate DDSN's current tendency to "shotgun" email dissemination for all issues to all EDs. This will permit providers to use SPM to tailor the receipt of important DDSN information to their appropriate personnel responsible, as well as build in redundancy/backups. This also provides assurance to DDSN the intended management level and/or functional area receives the information 100% of the time.
- The NEW SPM RECIPIENT LIST will contain 16 categories for providers to populate: Board Chairman; EDs-DSN Boards; EDs-QPLs; EDs w/ residential services; EDs w/ EI services; EDs w/ case management; EDs w/ day program; Residential Directors; EI Supervisors; Case Management Supervisors; Day Program Directors; Chief Financial Officer; Human Resource Director; Maintenance/Plant Operations Manager; Therap point of contact (POC); Quality Management POC; and SPM POC. DDSN will populate four additional SPM categories: Regional Center Facility Administrators; District Office Directors; DDSN Executive Staff; and External Stakeholders.

ACTION REQUIRED BY EACH PROVIDER IN THE DDSN NETWORK:

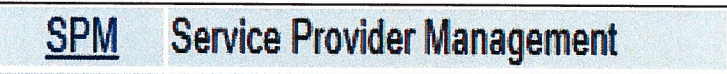
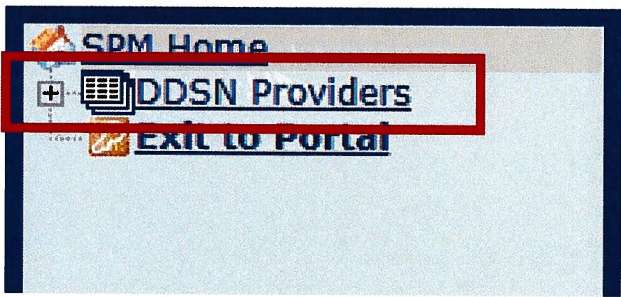
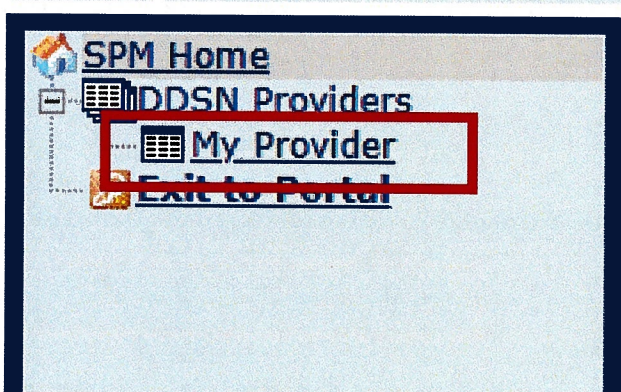
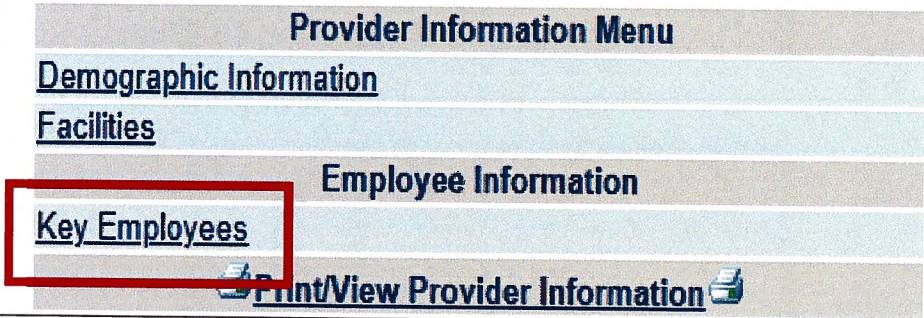

By 12/31/2018, populate the SPM email system with your agency's POC for the above applicable categories; the prior SPM list has been deleted. DDSN places no restrictions on how each provider arranges its SPM category recipients to meet its needs for its internal communications and redundancy. Attached to this memo are instructions to populate the SPM email system.

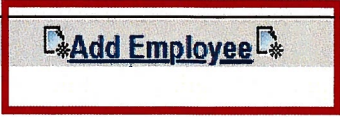
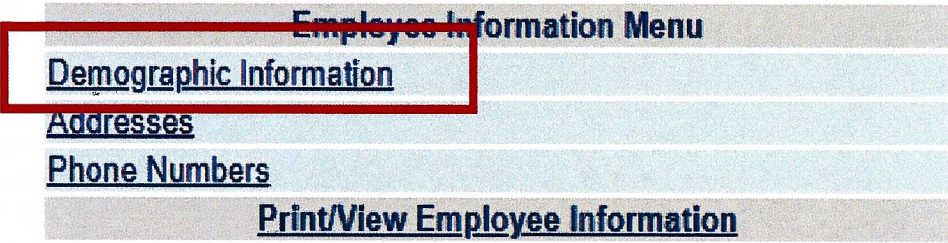
The DDSN Project Manager for this new process will be Chief Information Officer David Foshee, who can be reached at desk# 803/898-9781 and email dfoshee@ddsn.sc.gov.

Thank you in advance for your initial time investment to improve communications between DDSN and the provider network, which is critical to our mutual mission of serving our consumers.

HOW TO SIGN UP FOR COMMUNICATION CHANNELS

MUST BE COMPLETED BY PROVIDER ADMINISTRATORS

1) Login to the SCDDSN Portal	https://app.ddsn.sc.gov/ddsnportal/ddsn_login.jsp
2) Select SPM	
3) On the SPM Home page, click the (+) to expand DDSN Providers and select My Provider.	 
4) Select Key Employees	
5) Select Employee's name from the list.	

6) If the employee is not listed, click Add Employee. Adding an Employee will skip step 7.	
7) Once you have selected the employee, select Demographic Information.	

- 8) Once on the Demographic page, make sure your First and Last Name and Email are shown. Then check the applicable communication channels.

Prefix:	<input type="text"/>	
First Name:	Sally	Middle Initial: <input type="text"/>
Last Name:	Abnet	Suffix: <input type="text"/>
Title:	<input type="text"/>	
Email:	sabnet@ddsn.sc.gov	

Important Message!

Subscribers to this list are not necessarily in the group because of their job title.

Communication Channels:	<input type="checkbox"/> Board Chairman
	<input type="checkbox"/> EDs-DSN Boards
	<input type="checkbox"/> EDs-QPLs
	<input type="checkbox"/> EDs with residential services
	<input type="checkbox"/> EDs with EI services
	<input type="checkbox"/> EDs with case management
	<input type="checkbox"/> EDs with day program
	<input type="checkbox"/> Residential Directors
	<input type="checkbox"/> EI Supervisors
	<input type="checkbox"/> Case Management Supervisors
	<input type="checkbox"/> Day Program Directors
	<input type="checkbox"/> Chief Financial Officer
	<input type="checkbox"/> Human Resource Director
	<input type="checkbox"/> Maintenance/Plant Operations Manager
	<input type="checkbox"/> Therap point of contact(POC)
	<input type="checkbox"/> Quality Manager
	<input type="checkbox"/> SPM email POC
	<input type="checkbox"/> Regional Center Facility Administrator
	<input type="checkbox"/> District Office Director
	<input type="checkbox"/> DDSN Executive Staff
	<input type="checkbox"/> External Stakeholders

- 9) Click Save

Save Cancel

- 10) You will then be taken back to the Employee Information Menu

Employee Information Menu
Demographic Information
Addresses
Phone Numbers
Print/View Employee Information

Document Properties (Complete All and Edit Here)

Doc Title: How To Sign Up For Communication Channels

Author/s: Stamper, Tiffany

Business Owner: Business Owner Here

Subject: Put Subject Here

Keywords: Keywords – the minimum is the words from your title that are 5 characters or more – add others, too, like the app context, the project, etc.

Status: Template Final



Procurement Requirements

SUPPLY AND SERVICES DIVISION

CANDIS GOLSTON

DIRECTOR OF PROCUREMENT

803-898-9666

CANDIS.GOLSTON@DDSN.SC.GOV

Procurement Organization

- ▶ Chief Procurement Officer - Chris Clark, CFO
- ▶ Director of Procurement - Candis Golston
- ▶ Procurement Specialist - Terri Maple
- ▶ Supply Specialist - Ronnie Jefferson

Procurement Regulations

- ▶ SCDDSN Directive 250-08-DD – “Procurement Directives for Local DSN Boards and Contracted Service Providers”
- ▶ Assistance available to providers by contacting procurement staff
- ▶ Directive is available on our website
<https://ddsn.sc.gov/providers/ddsn-directives-standards-and-manuals/current-directives>
- ▶ Each provider must adopt their own procurement policy based upon DDSN directive
- ▶ Provider can be more restrictive, but not less restrictive, than the directive
- ▶ Must follow provider policy if you have one

Audit Requirements

- ▶ Your external auditor is required to test compliance with the procurement directive
- ▶ They will also report to DDSN on their findings
- ▶ Corrective action plan is required if there are any findings

Code of Conduct/Conflicts

- ▶ Provider must establish and implement a written code of conduct
- ▶ Conflict of interest awareness – in fact or appearance
- ▶ No employee or board member may solicit or receive personal gratuities, favors, or anything of monetary value from contractors or suppliers
- ▶ State Ethics Code governs DSN Boards; can be used by contract service providers as a guide
- ▶ Signed conflict of interest statements required for key employees and board members

Purchase Levels

- ▶ \$10,000 or less (Little or no competition required)
- ▶ \$10,001 - \$25,000 (Three Written Quotes)
- ▶ \$25,001 - \$100,000 (Written solicitation required – no minimum bids)
- ▶ \$100,001 or higher (Invitation to Bid required – no minimum bids)

Purchase Definition

- ▶ Purchase of 250 boxes of gloves at \$50 per box = \$12,500 purchase
- ▶ Hiring contractor to paint 4 houses at a cost of \$6,500 per home = \$26,000 purchase
- ▶ Purchasing 40 computers at \$1,000 each = \$40,000 purchase
- ▶ Signing a 60 month copier lease at \$400 per month = \$24,000 purchase
- ▶ Hiring a lawn company to cut 15 yards at \$1,500 per month for a three years = \$54,000 purchase ($\$1,500 \times 12 \text{ mos} \times 3 \text{ years}$)
- ▶ Purchasing computers from your IT consultant are not part of the consulting contract and are considered a purchase subject to the directive

Splitting Purchases

- ▶ Procurement requirements must not be artificially divided to constitute a small purchase or avoid getting competition. A combination of procurement methods such as State Standard purchase orders and multiple procurement/credit cards cannot be used to circumvent the need for quotations.

Purchase Exemptions

- ▶ Directive provides for certain exemptions listed in Appendix A
- ▶ Usage of state contract vendors
- ▶ Professional services – legal, auditing, medical, dental, psychology, therapists, real estate agents, etc.
- ▶ Sole Source
- ▶ Emergency

Sole Source

- ▶ Product or services available from only one source
- ▶ Source is the sole manufacture/ service provider and distributor
- ▶ Requires a written justification be maintained in the file
- ▶ If over \$ 50,000 an Intent to Sole Source must be posted in SCBO for 5 Business Days before awarding the contract
- ▶ If over \$250,000 an Intent to Sole Source posted in SCBO for 10 Business Days before awarding the contract

Emergency Procurement

- ▶ An emergency exists if a condition is present that creates a threat to a consumer's health, welfare, or safety.
- ▶ Competition should be sought to the extent possible given the situation
- ▶ Only what is needed to alleviate the emergency.
- ▶ Emergencies require a declaration in advance of the purchase.
- ▶ Written Justification is required to be maintained in the file.
- ▶ Notice posted in SCBO if over \$50,000 as soon as practical after purchase

Awarding a Purchase Contract

- ▶ Applies to apples quotations required
- ▶ Not required to award to lowest price
- ▶ Award to lowest responsive and responsible bidder/quote
 - ▶ Consider performance
 - ▶ Competencies
 - ▶ Capabilities
 - ▶ Capacities
 - ▶ Insurance/bonds/licenses

Small Purchases Under \$10K

- ▶ Prices must be “fair and reasonable”
- ▶ Purchases must be distributed equally among qualified suppliers.
- ▶ When practical, quotes must be solicited from other than the previous supplier before placing a repeat order
- ▶ Steps should be taken to ensure the price is reasonable
 - ▶ Comparison to previous price
 - ▶ Personal knowledge of item/service purchased
- ▶ No competition is required

Small Purchases \$10K - 25K

- ▶ Must obtain three written quotes
- ▶ Quotes must be “Bona Fide” - “no bid” quotes do not count
- ▶ Less than three bids are required if advertised in SCBO – South Carolina Business Opportunities through the South Carolina Procurement Services Office
- ▶ Can also use local newspapers to advertise in lieu of SCBO

Purchases \$25k - \$100k

- ▶ Must be advertised at least once in SCBO
- ▶ Advertise long enough to increase competition
- ▶ No minimum number of bids are required
- ▶ Must maintain evidence of advertising in procurement file or with invoice

Purchases over \$100k

- ▶ Invitation to bid process used
- ▶ No minimum bids required
- ▶ Preferences should be used
- ▶ Sealed bids process
- ▶ Public bid opening with witness
- ▶ Tabulation of bids
- ▶ Post bid results

Protests

- ▶ Awards in excess of \$50,000 are subject to protest
- ▶ Providers must have a policy/procedure in place to handle protests

Questions?

- ▶ Thank you for your time!

RESOURCES FOR ALL

- ▶ www.Procurement.sc.gov
 - ▶ Registered SCEIS Vendors
- ▶ <https://ddsn.sc.gov/providers/ddsn-directives-standards-and-manuals>
 - ▶ Procurement Requirements for Local DSN Boards and Contracted Service Providers (Directive 250-08-DD)

SMALL PURCHASE PROCEDURES

COMPETITION AND NOTICE REQUIREMENTS						
X = Total Potential Value of Procurement	SCBO Advertisement Required?			Bona Fide Written Quotes Required?		
	COTS	Construction	Everything Else	COTS	Construction*	Everything Else
$X \leq \$10,000^{\S}$	No	No	No	No	No	No
$\$10,000 < X \leq \$25,000$	No	No	No	Yes – 3 or more**	Yes – 3 or more**	Yes – 3 or more**
$\$25,000 < X \leq \$50,000$	No	No	Yes	Yes – 3 or more**	Yes – 3 or more**	Yes – 1 or more
$\$50,000 < X \leq \$100,000$	No	No	Yes	Yes – 3 or more**	Yes – 3 or more**	Yes – 1 or more

AWARD AND PROTESTS						
X = Total Potential Value of Procurement	Notice of Award Required?‡			Protestable?		
	COTS	Construction	Everything Else	COTS	Construction	Everything Else
$X \leq \$10,000$	No	No	No	No	No	No
$\$10,000 < X \leq \$25,000$	No	No	No	No	No	No
$\$25,000 < X \leq \$50,000$	No	No	No	No	No	No
$\$50,000 < X \leq \$100,000$	Yes	Yes	Yes	Yes‡‡	Yes‡‡	Yes‡‡

Notes

[§] “The purchasing office must annotate the purchase requisition: ‘Price is fair and reasonable’ and sign.” S.C. Code Ann. § 11-35-1550(2)(a).

* Procuring agency does not have to but may require bidders to provide bid bonds for projects of \$100,000 or less. Procuring agency must require performance and payment bonds on projects greater than \$50,000.

** If published in SCBO, only one bona fide written quote from a responsible bidder is needed.

‡ When required, notice of an award must be communicated to all bidders on the same date award is made. Any method of communication may be used (Reg. 19-445.2100A(6)).

‡‡ Contract formation is not delayed after notice of award. Purchasing agency does not have to wait for the protest period to expire before allowing the awarded vendor to start performance.

DDSN CONTRACT INFO

Contract period runs July 1- June 30. Full contract renewed every fiscal year.

Capitated Original Contract- Based on May 1 download. Only consumers in place as of May 1 will appear. This is a way to get providers paid by July 1.

****Capitated Amendment One-** Based on July 1 download. This is the information that will be amended throughout the year. Keep all back-up documentation for reference. This will include: Provider Official Listing, Residential Report and various schedules. This information will be invaluable throughout the year. Print from DocuSign and save as soon as you receive fully executed copy.

Subsequent Capitated amendments are issued approximately every month to two months if there are changes. Back-up documentation cannot be run for each amendment. Each amendment will have a summary of changes with dates, names, effective dates, units. Also included will be an updated EXCEL spreadsheet with all Capitated information.

Band B and Band I changes happen quarterly. Band B/1 will be added for Financial Manager if: consumer is enrolled in the waiver AND has an active, approved FY budget. Consumers will be terminated if waiver enrollment is lost, consumer moves, budget terminates, etc. Band B and I amendments come with schedules that show consumers who are included in the amendment. Until we go Fee for Service.

For residential amendments: changes are based on actual move-in/move-out dates in CDSS. Band/level on approved ADT is what will be used. If a consumer is not showing up in the residence in CDSS, they are not there for contract purposes. Adjustments are never based on proposed dates or earliest possible date of move.

Vacancies are funded for 30 days after discharge. Outliers or enhanced staffing is terminated immediately. Funding Band/level is paid for 30 days IF bed is not filled. If a vacancy moves, the 30 days does not start over. If a consumer with a different band fills the vacancy, contract will be amended to reflect increase or decrease in funding.

Anytime there is a question about an amendment, and ADT, a funding band, a restoration or termination of a vacancy, etc. please call or email me and I will be more than happy to assist you.

Debra Leopard, Director of Contracts

Contracts@ddsn.sc.gov

dleopard@ddsn.sc.gov 803-898-9674

DDSN Contracts



Capitated

Non-Capitated (Family Support/Respite)

Early Intervention

Service Coordination

QPL Residential

SFH Residential

High Management Residential

Special HASCI Residential

Other Special Residential

Special Contracts

One-time Grants

Capital Grants

State Funded Community Supports

State Funded Follow Along

ICF/CRCF Lease Agreements

HIPAA Business Associates Agreements

Other

Capitated Amendment Process

- Cover sheet with amendment number, effective date, total amendment amount and Total Band Award To and From
- Attachment A- spreadsheet with all Amounts/totals on Appendix A showing "From" "Change" and "To" amounts with brief descriptions and effective dates. All services and categories will be shown every time even if there is no change. Small Funding Band table included for reference. Amount on cover sheet will match the total at the bottom of the "change" column. This spreadsheet will be issued every time with updated totals.
- Attachment B- Amendment Summary. This spreadsheet will show all the calculations, names of consumers, dates, slots, names of residences, Bed fees/client fees, Bands, annualized amounts and residential/day units, etc. To follow calculation, take the annualized amount and divide by 365 (366 on Leap years) and multiply times #of units.

Example: $-\$38,578/365 \times 335 = -\$35,407$. Each date of consumer coming in/out is listed separately.

Questions? dleopard@ddsn.sc.gov:

contracts@ddsn.sc.gov 803-898-9674

DocuSign Instructions

Effective immediately, DDSN Contracts will be utilizing a new delivery system, DocuSign, for all contracts and amendments. You will not need to purchase the system or incur any cost to utilize the system. You will receive an email from *DDSN Contracts via DocuSign* with a link to review and sign the contract document. The email is a link for the Executive Director's review and signature. Please follow the below steps to complete the process:

For the Executive Director Signature:

1. Open the email from DocuSign and click "REVIEW DOCUMENT"
2. Review the contract document
3. Agree to the Electronic Record and Signature Disclosure and click "Continue"
4. Click "Signature" (If you have never used DocuSign before, you will be prompted to create a signature for your account)
5. Click "Finish" at the top of the page to send the completed document to the next step

Once you have signed the document, it will be forwarded to DDSN for signatures. After all parties have signed the document, an email with a link to review the completed document will be immediately sent back to you by DocuSign. Please make sure you save an electronic copy and/or print a copy of the contracts for your files. It will expire and you will no longer have access to it after a few weeks. *

Self-help videos can be located at this link if you need additional assistance:

<https://support.docusign.com/en/videos>

***Note: the link to the signed documents will expire after a period of time so make sure you save or print a copy for your records.**

Capitated 2021	FY 21 Amendment 4						
Provider	Any Provider						
Effective Date	8/4/2020						

I. Band Allocation:	Amend Three	Amend Four	Difference	Description	Effective Date	
Band B Allocation	\$ 475,796	\$ 475,796	\$ -			
Band B Outlier Award	\$ -	\$ -				
Band B Award	\$ 475,796	\$ 475,796	\$ -			
Band D Allocation	\$ 112,970	\$ 112,970	\$ -			
Band D Award	\$ 112,970	\$ 112,970				
Band G Allocation	\$ 2,331,861	\$ 2,331,861	\$ -			
Band G Award	\$ 2,331,861	\$ 2,331,861				
Band H Allocation	\$ 1,585,104	\$ 1,495,263	\$ (89,841)	Termination of vacanc	8/4/2020	
Band H Outlier Allocation	\$ -	\$ -		Jackson Drive		
Band H Award	\$ 1,585,104	\$ 1,495,263				
Band R Allocation	\$ 105,511	\$ 105,511	\$ -			
Band R Award	\$ 105,511	\$ 105,511				
Band T Allocation	\$ 2,338,226	\$ 2,432,279	\$ 94,053	Restoration of vacancy	8/12/2020	
Band T Award	\$ 2,338,226	\$ 2,432,279		Johnson		
Band I Allocation	\$ 556,665	\$ 556,665	\$ -			
Band I Award	\$ 556,665	\$ 556,665				
Total Band Allocation	\$ 7,506,133	\$ 7,510,345	\$ 4,212			
Vacant Beds	\$ 99,069	\$ 99,069				
Total Band Award	\$ 7,605,202	\$ 7,609,414	\$ 4,212			

	Amend One	Amend Two	Difference	
Total Band Individuals				
Band B Individuals	34	34	-	
Band D Individuals	5	5	-	
Band G Individuals	29	29	-	
Band H Individuals	16	15	(1)	
Band R Individuals	1	1	-	
Band T Individuals	22	23	1	
Band I Individuals	37	37	-	
Total Band Individuals	144	144	-	

II. Authorized Slots and Minimum Units	Amend One	Amend Two	Difference
Adult Develop At Home Individuals	43	43	-
Adult Develop At Home Minimum Units	17,888	17,888	-
Adult Develop Residential Individuals	46	45	(1)
Adult Develop Residential Minimum Units	19,136	18,758	(378)
CRCF Individual	7	6	(1)
CRCF Minimum Units	2,044	1,779	(265)
CTH II Individuals	39	39	-
CTH II Minimum Units	11,388	11,388	-
SLP I Individuals	5	5	-
ICF Individuals	23	24	1
ICF Minimum Units	7,556	7,814	258

III. Community Residential Authorized Slots	Amend One	Amend Two	Difference
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CRCF

FUNDING BANDS	7/1/2020	Outlier Cap
Band B	\$ 13,994	\$ 37,013
Band C	\$ 38,578	
Band D	\$ 22,594	
Band E	\$ 26,780	
Band F	\$ 40,589	
Band G	\$ 80,409	
Band H	\$ 99,069	\$ 125,802
Band I	\$ 15,045	
Band T	\$ 106,283	
Band R	\$ 105,511	
Day unit rate	\$ 27.50	

Jackson Drive	7	6	(1)
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CTH II

Adams	4	4	-
Cleveland Rd	4	4	-
Carter	4	4	-
Coolidge	4	4	-
Grant	4	4	-
Hoover Ave	4	4	-
Kennedy Place	4	4	-
Lincoln	3	3	-
Truman Street	4	4	-
Woodrow Wilson House	4	4	-
Total CTH II	39	39	-

ICF

Johnson	7	8	1
Harrison	8	8	-
Taylor	8	8	-
Total ICF	23	24	1

Bed Fees	\$ 71,116	\$ 73,852	\$ 2,736
Client Fees	\$ 144,290	\$ 149,841	\$ 5,551

Amendment Summary

Amendment 2021-04

Fiscal Year: 2021

Any Provider			DAY	EFFECTIVE				FY	Residenti	DAY	
PGM	RESIDENCE	SLOTS	SLOTS	DATE	NAME	BAND	ANNUALIZE	AMOUNT	UNITS	Units	DESCRIPTION
CRCF	Jackson DR	-1	-1	8/4/2020	Vacant (Madison)	H	\$ (99,069)	\$ (89,841)	(331)	(472)	Termination of vacancy
ICF	Johnson	1		8/12/2020	Thomas Jefferson	T	\$ 106,283	\$ 94,053	323		Restoration of vacancy
					Bed Fees		(3,092)	(2,736)	323		Less Bed Fees
					Client Fees		(6,273)	(5,551)	323		Less Client Fees
		0	-1				\$ (2,151)	\$ (4,075)			

VACANCY Samples

Vacancy	Program	Band	Date	Description
Neptune	CTH II	H	9/1/2020	J. Kirk, H moved out of state
Jupiter	ICF	T	9/5/2020	L McCoy, T to H moved to Less restrictive setting at Neptune
Venus	CTH II	H	9/25/2020	H Sulu, H to T moved to Jupiter
Venus	CTH II	G	10/1/2020	M Spock, G moved into Venus from CNL
				Funding taken for difference between Band H and G effective 10/1/20. No loss of slots

Vacancy	Program	Band	Date	Description
Enterprise	SLP II	C	10/1/2020	D Troy, C moved home
Enterprise	SLP II	C	10/15/2020	J Picard, C moved in from CNL
				No loss of funding, no amendment
Vacancy	Program	Band	Date	Description
Klingon	CTH II	H	7/15/2020	G LaForge, H passed away
Klingon	CTH II	G	7/30/2020	M Data, G moved into Klingon CTH II from Romulan CTH II
Romulan	CTH II	H	10/15/2020	B Crusher, H from CNL
				Vacancy taken at 30 days (60 during COVID)from original vacancy- July 15 at Band H
				and restored at Band H effective 10/15/20

Vacancy	Program	Band	Date	Description
Saturn	SLP II	C	7/18/2020	B Sisko, C moved out of state
SLP I	SLP I	D	8/1/2020	J Archer, D to C moved to Saturn from SLP I
				No reduction in SLP II. Band D/SLP I slot taken 8/1/20
Vacancy	Program	Band	Date	Description
Voyager	ICF	T	7/6/2020	J Dax, T moved to Nursing Facility
Voyager	ICF	T	8/1/2020	K Janeway, H to T from Apollo CTH II
Apollo	CTH II	H	8/1/2020	Vacant Band H at Apollo
Apollo	CTH II	G	8/6/2020	M Scott, C to G filling Apollo vacancy from Discovery SLP II
Discovery	SLP II	C	8/6/2020	Vacant Band C at Discovery
Discovery	SLP II	C	11/1/2020	N Uhuru, C from CNL
				Amendment for difference between Band G and H taken 8/6/20. Vacant Band C
				Taken at 30 days from 7/6/20 and restored 11/1/20

Star Fleet QPL Appendix A

Original

Consumer	Last four digits SSN	Begin Date	End Date	Days	Leave Days	Approved Rate
Barrett, Majel	0110	7/1/2020	6/30/2021	365	72	\$214.47
Burton, Levar	1111	7/1/2020	6/30/2021	365	72	\$214.47
Dorn, Michael	0000	7/1/2020	6/30/2021	365	27	\$214.47
Frakes, Jonathan	1010	7/1/2020	6/30/2021	365	72	\$214.47
Kelley, DeForest	0001	7/1/2020	6/30/2021	365	72	\$214.47
McFadden, Gates	1110	7/1/2020	6/30/2021	365	72	\$214.47
Muldaur, Diana	0101	7/1/2020	6/30/2021	365	72	\$98.63
Nimoy, Leonard	2222	7/1/2020	6/30/2021	365	72	\$214.47
Shatner, William	2020	7/1/2020	6/30/2021	365	72	\$214.47
Sirtis, Marina	0002	7/1/2020	6/30/2021	365	72	\$214.47
Spiner, Brent	2200	7/1/2020	6/30/2021	365	72	\$214.47
Stewart, Patrick	0022	7/1/2020	6/30/2021	365	72	\$214.47
Wheaton, Wil	1002	7/1/2020	6/30/2021	365	72	\$214.47

ID/RD WAIVER (BAND B) CHANGES FOR FISCAL YEAR 2020 ACTIVITY FOR THE MONTHS OF MARCH-JUNE 2020

SSN	NAME	START DATE	END DATE	Days	BAND AMT	DOLLAR	Day	TOTAL UNITS	MINIMUM UNITS	NOTES
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INCREASES

000-00-1245	Chekov, Pavel	4/2/2020	6/30/2020	90	13,994	3,441				0 From CSW
000-00-1246	Crusher, Wesley	3/18/2020	6/30/2020	105	13,994	4,015	1	148		118 From CSW
000-00-1247	Kim, Harry	5/5/2020	6/30/2020	57	13,994	2,179				0 New to Waiver
000-00-1248	Laren, Ro	4/9/2020	6/30/2020	83	13,994	3,174				0 New to Waiver
000-00-1249	Tilly, Sylvia	5/20/2020	6/30/2020	42	13,994	1,606				0 From Residential

INCREASE TOTAL **14,415**

DECREASES

000-00-1250	Rand, Janice	7/1/2019	2/3/2020	(149)	13,994	(5,697)				0 Moved to another count
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DECREASE TOTAL **(5,697)**

GRAND TOTAL **8,718** **1** **148** **118**

**South Carolina Department of Disabilities and Special Needs
Residential Admission/Discharge/Transfer Report
2020TFR0504
(Approved by Cost Analysis)**

Consumer Information

Consumer Name: John Q. Adams (7/7/1977)
Waiver Information: ID/RD (1/2/1998)

SC/EI Provider: Happy Days
Level of Care: ID/RD Waiver (5/1/1999)

Type of Action: Transfer
Proposed Residential Setting: CTH II

Participant in Multi-Consumer Move: yes
Action Restrictiveness: More

Date of Proposed Action: 10/1/2020

Earliest Date of Action: 10/1/2020

Current Funding: C SLP II

Proposed Funding: G- Low Needs Res

Consumer Placement

Current Facility:

Residential Provider: Any DSN Board
Facility Name: Hayes SLP II
Facility Address: 131 Smith Street
County: Taft
District: 2
Close Residential Address: No

Proposed Facility:

Residential Provider: Any DSN Board
Facility Name: Polk CTH II
Facility Address: 150 Jones Street
County: Taft
District: 2
Program Number: R5 678 1

Rationale:

Residential Provider: John is having trouble managing his medications. He would benefit from a more restrictive setting. HRC approved move to CTH II

District Office: Approved. Individual needs more restrictive placement.

Cost Analysis: Approved

**South Carolina Department of Disabilities and Special Needs
Residential Admission/Discharge/Transfer Report
2020ADM0504
(Approved by Cost Analysis)**

Consumer Information

Consumer Name: John Q. Adams (7/7/1977)
Waiver Information: ID/RD (1/2/1998)

SC/EI Provider: Happy Days
Level of Care: ID/RD Waiver (5/1/1999)

Type of Action: Admission
Proposed Residential Setting: CTH II

Participant in Multi-Consumer Move: No
Action Restrictiveness: N/A

Date of Proposed Action: 10/1/2020

Earliest Date of Action: 10/1/2020

Current Funding: B At Home ID/RD Waiver

Proposed Funding: G- Low Needs Res

Consumer Placement

Residential Provider: Any DSN Board
Facility Name: Hayes CTH II
Facility Address: 131 Smith Street
County: Taft
District: 2
Program Number: R5 444 6

Rationale:

Residential Provider: John is on the CNL list and is in need of residential placement. He toured Hayes CTH II and would like to make this his home. Band G funding requested.

District Office: Individual in need of placement. Caregiver no longer able to care for him. Placed on CNL 8/5/20.

Cost Analysis: Approved at Band G, CNL.

**South Carolina Department of Disabilities and Special Needs
Residential Admission/Discharge/Transfer Report
2020DIS0504
(Approved by Cost Analysis)**

Consumer Information

Consumer Name: John Q. Adams (7/7/1977)
Waiver Information: ID/RD (1/2/1998)

SC/EI Provider: Happy Days
Level of Care: ID/RD Waiver (5/1/1999)

Type of Action: Discharge
Proposed Residential Setting: N/A

Participant in Multi-Consumer Move: No
Action Restrictiveness: N/A

Date of Proposed Action: 10/1/2020

Earliest Date of Action: 10/1/2020

Current Funding: G- Low Needs

Proposed Funding: N/A

Consumer Placement

Residential Provider: Any DSN Board
Facility Name: Hayes CTH II
Facility Address: 131 Smith Street
County: Taft
District: 2
Close Residential Address: No

Rationale:

Residential Provider: Due to medical needs, John moved in to a nursing facility.

District Office: John needs nursing facility level of care.

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
FY 2020 STATEWIDE INDIVIDUAL FUNDING LEVELS - EFFECTIVE JULY 1, 2019
ADJUSTED RATES FOR \$1 DIRECT CARE PAY RATE INCREASE, COMPRESSION INCREASE, RETIREMENT AND HEALTH INCREASES, AND 2% COLA
(Pay Increase funding amounts include fringe benefits cost at 27%)

		Initial FY 19 Funding	\$1 Direct Care Increase	Compression Increase	Retirement and Health Increase	2% Salary Increase	Revised Funding Bands eff. 7/1/19	
Band B	At Home - IDRD Waiver	\$ 13,639	\$ 185	\$ 29	\$ 57	\$ 84	\$ 13,994	Band B
Band C	Supported Residential - SLP II	\$ 35,969	\$ 1,436	\$ 198	\$ 395	\$ 580	\$ 38,578	Band C
Band D	Supported Residential - SLP I	\$ 21,373	\$ 599	\$ 105	\$ 210	\$ 307	\$ 22,594	Band D
Band E	Supported Residential - CTH I	\$ 25,847	\$ 413	\$ 88	\$ 175	\$ 257	\$ 26,780	Band E
Band F	Supported Residential - Enhanced CTH I	\$ 39,642	\$ 383	\$ 95	\$ 190	\$ 279	\$ 40,589	Band F
Band G	Residential Low Needs	\$ 73,106	\$ 4,257	\$ 515	\$ 1,026	\$ 1,505	\$ 80,409	Band G
Band H	Residential High Needs	\$ 92,361	\$ 3,895	\$ 475	\$ 948	\$ 1,390	\$ 99,069	Band H
Band I	At Home - Community Supports Waiver	\$ 14,541	\$ 263	\$ 41	\$ 81	\$ 119	\$ 15,045	Band I
Band R	Residential Placement from Regional Centers	\$ 101,822	\$ 2,112	\$ 267	\$ 531	\$ 779	\$ 105,511	Band R
Band T	ICF Residential	\$ 99,447	\$ 3,778	\$ 517	\$ 1,030	\$ 1,511	\$ 106,283	Band T
Residential Band H - Outlier Cost Threshold			\$ 125,802					
Residential Band R does not qualify for outlier status.			N/A					
At Home Band B - Outlier Cost Threshold			\$ 37,013					
Day Rate - 7/1/19 Original		\$ 13,436	SFCS Cap - 7/1/19 Original			\$ 15,103		
Direct Care Increase		\$ 451	Direct Care Increase			\$ 333		
Compression Increase		\$ 70	Compression Increase			\$ 52		
Retirement and Health Increase		\$ 140	Retirement and Health Increase			\$ 103		
Salary Increase		\$ 205	Salary Increase			\$ 151		
Day Rate - 7/1/19 Revised		\$ 14,302	SFCS Cap - 7/1/19 Revised			\$ 15,742		
Unit Rate		\$ 27.50						

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
QPL RATE CHANGE EFFECTIVE JULY 1, 2019

Issue Date
09/18/19

ADJUSTED RATES FOR \$1 DIRECT CARE PAY RATE INCREASE, COMPRESSION INCREASE, RETIREMENT AND HEALTH INCREASES, AND 2% COLA

	<u>Unit</u>	<u>Initial FY 19 Funding</u>	<u>\$1 Direct Care Increase</u>	<u>Compression Increase</u>	<u>Retirement and Health Increase</u>	<u>2% Salary Increases</u>	<u>Revised Rates eff. 7/1/19</u>	<u>Rate Increase</u>	<u>Unit</u>
Residential High Needs - CRCF/CTH II	Daily	\$ 249.09	\$ 9.59	\$ 1.17	\$ 2.32	\$ 3.41	\$ 265.58	\$ 16.49	Daily
Residential Low Needs - CRCF/CTH II	Daily	\$ 196.35	\$ 10.58	\$ 1.28	\$ 2.54	\$ 3.72	\$ 214.47	\$ 18.12	Daily
Residential - HASCI CTH II	Daily	\$ 254.20	\$ 5.89	\$ 0.71	\$ 1.42	\$ 2.08	\$ 264.30	\$ 10.10	Daily
Supported Residential - SLP II	Daily	\$ 91.49	\$ 3.93	\$ 0.54	\$ 1.08	\$ 1.59	\$ 98.63	\$ 7.14	Daily
Supported Residential - SLP I	Monthly	\$ 1,487.46	\$ -	\$ -	\$ 17.50	\$ 25.58	\$ 1,530.54	\$ 43.08	Monthly
Supported Residential - CTH I	Monthly		\$ -	\$ -	\$ -	\$ -			Monthly
Supported Residential - Enhanced CTH I	Monthly	\$ 2,489.73	\$ -	\$ -	\$ 14.58	\$ 21.42	\$ 2,525.73	\$ 36.00	Monthly
Day Supports	Half Day	\$ 25.84	\$ 0.87	\$ 0.13	\$ 0.27	\$ 0.39	\$ 27.50	\$ 1.66	Half Day
Supported Employment - Individual	Hour	\$ 70.58	\$ -	\$ -	\$ 0.41	\$ 0.60	\$ 71.59	\$ 1.01	Hour
Respite	Hour	\$ 11.30	\$ -	\$ -	\$ -	\$ -	\$ 11.30	\$ -	Hour
Personal Care 1	15 Minutes	\$ 3.50	\$ -	\$ -	\$ -	\$ -	\$ 3.50	\$ -	15 Minutes
Adult Companion	Hour	\$ 11.26	\$ -	\$ -	\$ -	\$ -	\$ 11.26	\$ -	Hour

Beverly A. H. Buscemi, Ph.D.
State Director

David A. Goodell
*Associate State Director
Operations*

Susan Kreh Beck
*Associate State Director
Policy*

Thomas P. Waring
*Associate State Director
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Reference Number: 250-09-DD

Title of Document: Calculation of Room and Board for Non-ICF/IID Programs

Date of Issue: May 1, 2009

Effective Date: July 1, 2014

Last Review Date: October 31, 2017

Date of Last Revision: October 31, 2017 **(REVISED)**

Applicability: All DSN Boards, All Financial Managers, All Contracted Residential Service Providers.

I. PURPOSE

The purpose of this document is to state policy and procedures for calculating room and board charges for DDSN non-ICF/IID programs and applying consumers' income toward room and board.

II. POLICY

All DSN Boards and QPL Residential Service Providers must establish an official policy for charging consumers for the cost of room and board. This policy must address at a minimum both applying consumers' income toward the cost of room and board and the determination of the room and board charge. The monthly charge must be fair and equitable. In no circumstance may the charge for room and board exceed the actual cost of room and board.

DSN Boards and QPL Residential service Providers will review their room and board costs and room and board charges at least on an annual basis.

Room and board calculations will be based on the previous fiscal years audited financial statements. Room and Board calculations must be submitted to the Cost Analysis Division 90 days after the end of the provider's fiscal year.

All room and board calculations and any subsequent changes to the policies must be submitted on one of the attached worksheets in excel format (no PDF files will be accepted), and approved by the Director of Cost Analysis or his/her designee.

DISTRICT I

P.O. Box 239
Clinton, SC 29325-5328
Phone: (864) 938-3497

Midlands Center - Phone: 803/935-7500
Whitten Center - Phone: 864/833-2733

9995 Miles Jamison Road
Summerville, SC 29485
Phone: 843/832-5576

DISTRICT II

Coastal Center - Phone: 843/873-5750
Pee Dee Center - Phone: 843/664-2600
Saleeby Center - Phone: 843/332-4104

III. PROCEDURES

1. Calculating Room and Board

Consumer Income

Both unearned and earned income can be applied toward the cost of room and board. Consumers must retain the required minimum of \$50 of unearned income per month and a minimum of 50% of earned income per month.

2. HUD Facilities

RENT: No rent costs are included in the calculation for HUD facilities. HUD determines the “contract rent” for a HUD facility based on the costs of the HUD Corporation as submitted to HUD on Budget Worksheet HUD-92547-A.

BOARD: For the “board” portion, the residential service provider may average the “board” costs across all HUD properties. The “board” costs are on the books of the residential service provider and will be limited to food, household supplies, and administration allocation.

3. Non-HUD Facilities

Community Residential Care Facilities (CRCF) and Community Training Home II (CTH-II)

The room and board charge may be residence specific or an average of all similar residences. For example: all CTH-II’s in a specific geographical area.

For non-HUD facilities, the residential service provider will calculate both the room (rental) component and board component of room and board.

Room and Board charges to a consumer may not exceed the actual cost of room and board. Use of average costs fulfills this requirement.

Examples of cost categories to consider:

Food	Water	Cable/Satellite Television
Telephone (consumer use)	Exterminating	Furnishings
Electricity	Trash Removal	Household Supplies
Property taxes and insurance	Yard Maintenance	
Maintenance (contractual and supplies)	Rental Charge - only depreciation and interest expenses may be used.	

Additional Costs: The cost of additional services consumers may request (e.g., separate telephone lines, cell phone and plans, or special cable services) will be the responsibility of the individual consumers in addition to the basic room and board charge.

4. Supplemental Nutrition Assistance Program (SNAP)

For consumers receiving SNAP, the amount of their individual SNAP benefit must be deducted from each individual’s room and board charge before applying their income toward the approved room and board charge.

5. Supervised Living I and II

Consumers in these programs will be responsible for their own rent, utilities, food, furnishing, and household suppliers. The following cost elements will be included in the SLP-I/II rent charges for those consumers living in agency-owned housing:

- Rental charge based on depreciation expense or mortgage expense for provider owned units. Actual rental charge must be used for individually rented units.
- Maintenance of residence and grounds.
- Property taxes and insurance.
- Pest Control.

6. Community Training Home I (CTH-I)

CTH-I consumers must retain a minimum of \$50.00 of unearned income and 50% of earned income. The remainder of their monthly benefits can be applied to room and board as long as the amount does not exceed the HUD published Fair Market Rental (FMR) for the county in which they reside.

7. Allocation of Administrative Costs

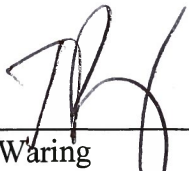
A portion of administrative costs must be allocated to room and board. The costs can only be allocated to costs actually incurred by the board/provider. To calculate percentage, divide total administrative costs by total organization operation costs.

8. Other Items

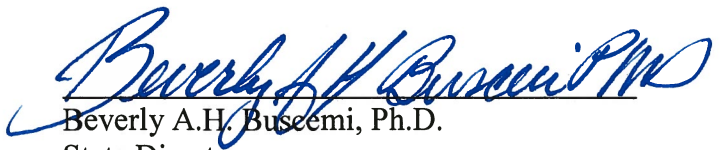
Room and Board rates should not be approved by the local Board of Directors until DDSN has reviewed and approved the rates.

DDSN reserves the right to adjust and approve rates based on the most recent audit.

Attached is a sample residential lease agreement which can be used to comply with DDSN Residential Standard RH 2.6. (see Attachment C).



Tom Waring
Associate State Director-Administration
Administration (Originator)



Beverly A.H. Buscemi, Ph.D.
State Director
(Approved)

To access the following attachments, please see the agency website page “Attachments to Directives” under this directive number at <http://www.ddsn.sc.gov/about/directives-standards/Pages/AttachmentstoDirectives.aspx>.

Attachment A:	Calculating Room and Board Example (Non-HUD Property)
Attachment B:	Calculating Room and Board Example (HUD Property)
Attachment C:	Sample Lease Agreement

ATTACHMENT A: CALCULATING ROOM AND BOARD EXAMPLE: NON-HUD FACILITIES				
ABC Residential Services				
Computation of Room & Board Costs for CTH II Consumers Based on 6/30/15 Audited Financial Statements				
For the Calendar Year beginning 1/1/16				
Cost	Park CTH II	River CTH II	Meadow CTH II	Total
Food	6,735	7,442	7,594	21,771
Telephone	1,140	1,517	1,179	3,836
Electricity	3,161	3,679	5,320	12,160
Water	526	1,371	2,335	4,232
Exterminating	240	522	414	1,176
Cable/Satellite TV	497	620	938	2,055
Maintenance - contractual and supplies	4,658	5,094	5,001	14,753
Yard Maintenance	1,163	1,163	1,163	3,489
Household supplies	1,392	1,681	2,270	5,343
Furnishings	322	429	425	1,176
Property Insurance	913	957	106	1,976
Interest Expense - Mortgage	-	-	-	-
Building Depreciation	2,407	1,918	1,007	5,332
Subtotal	\$ 23,154	\$ 26,392	\$ 27,753	\$ 77,298
Administration (Percentage below x Subtotal)	1,665	1,898	1,996	5,560
				-
Total Annual Cost	\$ 24,819	\$ 28,290	\$ 29,749	\$ 82,858
Total Monthly Cost	\$ 2,068	\$ 2,358	\$ 2,479	\$ 6,905
Number of residents	4	4	4	12
Monthly room & board per resident	\$ 517.06	\$ 589.39	\$ 619.76	\$ 575.40
Room and Board Charge set at:				\$ 575
Calculation of Administration Costs				
Total Board Operation Costs from Audit		\$ 6,286,007 *		
Total Costs From Admin Cost Center		\$ 452,133		
Allowable Admin Percentage		7.19%		
Applying Income to Room and Board				
Room and Board Charge		\$ 575		
LESS: SNAP Benefits		\$ (100)		
Maximum Room and Board that can be charged		\$ 475		
(Amount resident pays cannot exceed Approved Room and Board Charge)				
* Entries are for illustration only -- Use the actual data from Audited Financial Statements.				

ATTACHMENT B: CALCULATING BOARD EXAMPLE: HUD FACILITIES

Acme Residential Services

Computation of Board Costs for CTH II Consumers Based on 6/30/15 Audited Financial Statements For the Calendar Year beginning 1/1/16

Cost	Cardinal CTH II	Owl CTH II	Total
Food	9,084	9,080	18,164
Cable/Satellite TV	-	-	-
Household supplies	2,827	2,816	5,643
Subtotal	\$ 11,911	\$ 11,896	\$23,807
Administration (Percentage below x Subtotal)	857	856	1,712
			-
Total Annual Cost	\$ 12,768	\$ 12,752	\$25,519
Total Monthly Cost	\$ 1,064	\$ 1,063	\$ 2,127
Number of residents	4	4	8
Monthly room & board per resident	\$ 265.99	\$ 265.66	\$265.83
Room and Board Charge set at:			\$ 266
Calculation of Administration Costs			
Total Board Operation Costs from Audit		\$ 6,286,007	*
Total Costs From Admin Cost Center		\$ 452,133	
Allowable Admin Percentage		7.19%	
Applying Income to Board			
Board Charge		\$ 266	
LESS: SNAP Benefits		\$ (100)	
Maximum Board that can be charged		\$ 166	
(Amount resident pays residential service provider cannot exceed the approved Board Charge)			
* Entries are for illustration only -- Use the actual data from Audited Financial Statements.			